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ABSTRACT

The document contains workshop proceedings on emotional and mental health problems of American Indians attending boarding schools and related public schools. Nine formal papers are included: "American Indian Culture in Transition," "Sources of Mental Stress in Indian Acculturation," "Avoidance of Emotional Disturbances," "Mental Health of Indian Boarding School Children," "Psychological Conflicts of Adolescents," "Helping the Adolescent in School," "School Mental Health in Residential Programs," and "The Structure and Dynamics of Treatment Institutions." Discussions have been summarized, and salient points are placed under 1 of the following headings: Differences Between Tribes, Some Sources of Conflict, Recommendations, and Proposals for Research. The 4-part appendix contains the following papers: "Essentials for Effecting Social Change," "Mental Health Considerations in the Indian Boarding School Program," "School Mental Health in Residential Programs," and "The Structure and Dynamics of the Treatment Institution." (LS)

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EMOTIONAL PROBLEMS OF INDIAN STUDENTS IN BOARDING SCHOOLS AND RELATED PUBLIC SCHOOLS

WORKSHOP PROCEEDINGS

Albuquerque Indian School

April 11, 12, 13, 1960

John C. Cobb, M.D., Editor

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EMOTIONAL PROBLEMS OF INDIAN STUDENTS IN BOARDING SCHOOLS AND RELATED PUBLIC SCHOOLS

PROGRAM

Monday, April 11

9:00 A.M. - Tour of Albuquerque Indian School

11:00 A.M. - Registration

1:00 P.M. - Introductions and Announcements -- Mr. V. L. Beggs

1:30 P.M. - AMERICAN INDIAN CULTURE IN TRANSITION -- Dr. Willard Beatty

2:00 P.M. - SOURCES OF MENTAL STRESS IN INDIAN ACCULTURATION -- Dr. Tom T. Sasaki

3:15 P.M. - Discussion Groups

6:30 P.M. - Social Hour -- Western Skies Hotel

7:30 P.M. - Dinner

9:00 P.M. - Greetings -- Honorable John Burroughs, Governor of New Mexico

9:10 P.M. - Greetings -- Mr. Joe C. Herrera, Secretary, All-Pueblo Council

9:20 P.M. - Address: AVOIDANCE OF EMOTIONAL DISTRUBANCES -- Mrs. Annie Wauneka

10:00 P.M. - Entertainment -- Albuquerque Indian School Dance Team

Tuesday, April 12

9:00 A.M. - MENTAL HEALTH OF INDIAN BOARDING SCHOOL CHILDREN -- Dr. Robert Leon

10:00 A.M. - PSYCHOLOGICAL CONFLICTS OF ADOLESCENTS -- Dr. Carl Binger

10:15 A.M. - HELPING THE ADOLESCENT IN SCHOOL -- Dr. J. Roswell Gallagher

10:45 A.M. - Discussion Groups

1:00 P.M. - Discussion Groups

3:45 P.M. - Panel Discussion

7:30 P.M. - Film: "The Quiet One"

Wednesday, April 13

8:30 A.M. - SCHOOL MENTAL HEALTH IN RESIDENTIAL PROGRAMS -- Dr. Arthur Coladarci
9:00 A.M. - THE STRUCTURE AND DYNAMICS OF TREATMENT INSTITUTIONS -- Dr. Norman Polansky
10:30 A.M. - Discussion Groups
1:00 P.M. - Discussion Groups
2:30 P.M. - Summary and Evaluation

INTRODUCTION

This workshop grew out of a need felt by professional people who work closely with Indian boarding school children. The segregated Indian boarding schools, often far from the homes of the Indian children, have been an important part of the United States Federal Government program for Indians during the past half century. Many of us have seen aspects of this program which have led us to want to know more about the emotional well-being of the children, about their psychological conflicts, and how we can help them toward better adjustment.

Any group in the process of rapid change is beset with fears and apprehensions about the possible loss of the integrity of its culture. The individuals suffer conflicts and uncertainties about the adjustments which they will be required to make.

There are hundreds of millions of children now living in the newly developing countries of Africa, Asia, Indonesia and South America. We have all been glad to have the many foreign visitors who have come here to observe our Indian program with a view toward developing similar programs in their own countries.

The world is watching us. What can we tell them? What are our accomplishments and what are our shortcomings?

First is the fact that almost all Indian children from age 6 to 18 are now in school. The Indian birth rate is so high in this Area (about 45 per thousand population) that the children of school age make up more than one-third of the total population. We do not know of any other group in the world where more than a third of the total population are able to attend school.

This nearly complete school enrollment has been accomplished here during the last ten years as a result of the growing conviction among Indian leaders that they wanted education for their children. The rapid increase has resulted in severe overcrowding of schools, especially on the Navajo Reservation. Many of these children found their way into Federal boarding schools where they immediately became the focus of concern. Many factors contributed to this:

Consider the problems every autumn when approximately 25,000 Indian children are suddenly deposited at boarding schools with little or no pre-orientation. The staff knows as little about the new students as the students know about their new environment.

When they arrive in bus loads (one school reported the arrival of seventeen busses at one time) their apprehension can scarcely be relieved by a limited staff whose immediate concern must be with the feeding and housing of the throng which has descended upon them. The identification of individual needs and appropriate counseling must await another time.

Sometimes the children have to be packed into dormitories, more than 100 to a room in double-decker beds so close that one cannot walk between the beds. They sometimes have to be squeezed two and three to a single bed. Health standards are necessarily ignored.

The overcrowding of dormitories puts a severe strain on dormitory attendants, educational aides, and guidance personnel. With a minimum of training for this responsibility, they have to act as parent substitutes sometimes for more than a hundred children at one time. Inservice training, workshops, and upgrading of jobs have improved the situation recently, but much is yet to be accomplished.

The admission criteria for enrollment in boarding schools limit the enrollees to those pupils who have no other school available and to those who cannot be admitted to regular day schools near home because they are several grades retarded or because of social problems at home. This last category includes the pre-delinquents, the orphans, and the neglected from homes where crime, alcoholism, poverty, illness, or parental neglect have created the imperative need for foster or institutional care. Obviously, a disproportionate number of these children will present maladjustment symptoms of varying degrees. The number and severity of some of these deviates present diagnostic and treatment difficulties beyond the resources of the boarding schools.

In thinking about handling mental health problems, it is well to remember that there are no child psychiatrists in New Mexico. The typical Field Medical Officer is a young man, just out of internship, placed in charge of the Indian Field Health Center for a two-year period in lieu of military service. Under the present policy of the Public Health Service, he is likely to be shifted to another job even before his two years are up, especially if he does well in Field Health.

Such a young Field Medical Officer may have a population of 10,000 Indians to look after as well as 3,000 children in the schools. His days are busy with sometimes over 100 patients in the clinic. He may only get to some schools once or twice in a year. He can hardly consider mental health problems because he is so busy with infectious diseases. (At the beginning of the year in most of the schools of this area, as many as 30 per cent of the Indian children have skin infections, 10 per cent have trachoma, and 5 per cent have chronic draining ears.)

In most schools we do not have any clinic or even an examining room where the doctor can talk in private to a child with personal problems. Our school health program is, because of lack of staff, hardly more than a mass screening for the most prevalent diseases. Health records are not generally transferred when the child changes schools; so that follow-through on any treatment program is unlikely and the past history of a child's program is usually unobtainable. We are working to improve all these deficiencies, and have begun to succeed in a few schools.

Some of us have found time to think about the mental health of the students. We have asked whether perhaps mental health is not most important in the long run, whether the psychological conflicts and illnesses of school children may not be part of the over-all picture of general maladjustment which is at the root of juvenile delinquency, school dropouts, failures in college, alcoholism, and the numbers of unwanted children who were born out of wedlock and are neglected sometimes to the point of severe starvation.

On several occasions we have discussed questions of this sort with Dr. Robert Leon and others who are concerned with the Indian School Health Program. Encouraged by Dr. William Hales, Regional Consultant in Mental Health for the Public Health Service, by the interest of Dr. Lester Libo, State Director of Mental Health, and by various consultants from the Washington Office of the Division of Indian Health and the National Institute of Mental Health, the idea for this workshop found the fertile mind of Mr. Vernon Beggs, Director of Schools for the United Pueblos Agency. As Chairman of the Program Committee, his has been the guiding spirit which made this workshop come to life.

In editing the papers presented at this workshop, we have taken the liberty of shortening, abstracting, and rewriting some of the manuscripts so that this booklet might be more useful to those who are charged with the day-to-day responsibility, care, and guidance of the children. We would especially like to thank the speakers and recorders for their willing cooperation and help.

-John C. Cobb, M.D., Editor

AMERICAN INDIAN CULTURE IN TRANSITION

Willard W. Beatty, Ph.D.
Vice President, Save the Children Federation
(Once Director of Indian Education, BIA)

For years, one of the major objectives of off-reservation boarding schools for Indians was to prepare the Indians to leave their reservations. LaFarge and Corle, both novelists who have been particularly interested in Indians, wrote several dramatic novels in the late twenties and early thirties which showed quite honestly and graphically what happened to many young Navajo Indians who accepted this white-man's education and then tried to live away from the reservation. The experience was usually a tragic failure, because it was then the white pattern to refuse employment to such Indians, many of whom probably had not mastered any particular skill.

At the beginning of World War II, most war plants were closed to Indians. Potential employers had the stereotype of Indians as "dirty, irresponsible, drunkards," and refused to employ them. I had an active part in breaking down such prejudice in some areas. We did it through training young Indians to a high degree of competence in some needed skill--and then challenging potential employers to try them out competitively. I can remember scenes in Kansas City, Phoenix and in the Los Angeles area where we successfully breached the barrier. I also remember experiences at the Wingate Ordnance Depot in New Mexico. Most of the responsible posts at the Depot were filled by whites in uniform. Rough handlers were Navajo Indians--many of whom couldn't talk English, but who were under English speaking Navajo job bosses. I discussed further employment of Navajos with each Commandant as he took over his post. Most turned out to have the usual anti-Indian stereotype, but one man appeared to know a little about Indians, and listened to me at length. "If what you say about Navajos is true," he terminated one discussion, "I'll soon find out." He did, by checking all phases of the Depot's operations. He soon found that most of the Depot's accidents were caused by the white boys, who disregarded regulations, because they thought they knew better. The Indians did what they were told, and did it carefully. Eventually, this man released most of his soldiers for more active duty, and the Wingate Depot's workers became almost completely Navajo. They served with great efficiency to the end. The War did a good deal to give a new position to Indians, and to give many of them more confidence in themselves. Trained Indians from the Federal Vocational Schools had little trouble in proving their skills and many rose to posts of technical responsibility, and were respected by their G.I. associates as "men."

Through the years, also, many of the artist graduates of the Santa Fe Indian School have won their spurs as artists and their work is commercially salable. Good examples of it hang in many European and American museums.

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The World War was a powerful catalyst. Thousands of young Indians found themselves accepted as men--no longer as Indians. They learned that the ability to speak English was a passport to understanding almost anywhere in the world. They also learned that education brought concrete rewards in pay and promotion in open competition with non-Indians.

At home, many Indian tribes began to exercise the new powers of self-government gained through acceptance of the Indian Re-Organization Act passed by overwhelming majorities in Congress in 1934, under stimulation of Indian Commissioner Collier, and Interior Secretary Ickes. One important clause in the Act made it applicable only to those tribes who accepted it by ballot at a special election, within a few years of its passage by Congress. The Act was somewhat complicated, and offered each tribe two stages of organization: first, as a tribe with many self-governing powers; second, incorporation as a business enterprise, which would permit a tribe to develop many of its own resources. Not all tribes accepted the Act, for there was violent opposition from many sources. The Navajo tribe, for example, failed to adopt the Act by a small majority. At the time the Navajos lacked all form of tribal organization. However, the need to express themselves as a tribe grew greater over the years, and gradually through tribal action, prodding by the Bureau, Secretarial action and Congressional action, the Navajos today have a very effective tribal organization.

The enthusiasm which greeted the Re-Organization Act began to cool when it became apparent that organized tribes were going to be a little more active in trying to control exploitation of their resources than the agents of the government had been. In many ways, the Act extended to tribes powers of self-government over their own reservation areas. Although this corresponded to the chartering of incorporated towns and cities by state governments, by which these units then exercise police power and regulate community behavior through locally passed ordinances, many people refused to see any comparison, and there began to be challenges to the authorities assumed by some of the tribes under their new powers. In a majority of cases, the Federal Courts have tended to uphold the grants of power made under the Act.

A peculiar situation developed among the New Mexico Pueblos a few years ago. Most of the Pueblos voted to accept the Act, but when it came to adopting constitutions and otherwise implementing the Act, a lethargy set in, and few Pueblos completed these steps.

One day, the authorities of Isleta Pueblo arrested a member of the Pueblo for a violation of traditional Pueblo custom, and put him in jail. He got a smart Anglo lawyer, who applied to the Federal judge for a writ of habeas corpus to free his client. The judge was one who had not always seen the Indian side of various question, and many people thought that he would gladly take this case as a means of striking down the implied police powers now open to organized tribes. While the judge did grant the writ, he accompanied it with a decision which recognized the authorities now open to organized Indian tribes under the IRA, but based

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his release of the prisoner on the fact that the Pueblo had failed to complete its organization by the adoption of a constitution and written body of local laws. His final decision was that, had these steps been complied with, the act of the tribe would have been entirely legal; but he refused to approve the action taken by the tribe on the basis of unwritten tribal custom, and insisted that under American Law, the regulations must be in writing and available to all who might come under their provisions.

Thus, although the recent trend in Congress has been to evade the Federal responsibility for protecting Indian property and furnishing Indians the social services which are their due as American citizens, the organized tribes are not permitting themselves to be pushed around as easily as formerly.

It would be a mistake to assume that because Indians have often resisted forced assimilation of white ways, they were standing still. This is not true. A careful study some years ago by Dr. George Boyce, Superintendent of the Intermountain Indian School, revealed that even those tribes which had balked most stubbornly at the imposition of culture patterns which they did not find meaningful, were quietly but effectively taking over many aspects of white life, which they found to be useful and often even superior to their former way.

For example, an Indian or an Eskimo who selects a gasoline lantern to light his hogan or igloo, or who buys a coal oil stove because it is more effective than a whale oil lamp, is on the way into modern culture, even though the average white man doesn't always recognize it. Similarly it is well to recognize that tight Levis, $20 to $50 Stetson hats and hand sewn cowboy boots worn by the young Navajo are not part of indigenous Indian costume.

The white man hasn't stopped trying to coerce the Indian. The recent crop of "termination" bills, though cloaked in fine language about "freeing the Indian and making a full citizen of him," are again examples of coercion toward assimilation. Similarly the new slogan that any public school is better than a "segregated" Indian school, is an attempt to force an adaptation upon Indians which may greatly delay their actual assimilation, which was proceeding at a good rate before this new policy appeared.

There are good schools and bad schools, and neither the Federal government nor the states have a monopoly on either. All my experience in the school business, to which I have devoted my life, has indicated that affection and understanding can speed up immeasurably the rate of school learning on the part of all children. That is fully applicable to Indian children. The special five year program for adolescent Navajos was planned for children between the ages of 12 and 18 who had never been in a school, and who had no English. Through careful planning and affectionate and respectful handling in an Indian boarding school, we were able in five years to give these children a sufficient command of the English language to read a newspaper intelligently and discuss the requirements of an employer with understanding; sufficient manual skills to hold down a factory job; and the adaptability to successfully live away from their reservation among non-Indians. This program succeeded because we left no stone unturned to harness the child's desire to succeed and to give him or her the skill and confidence to succeed.

Thirty years ago the children of the Crow Indian Reservation in Montana, as the result of an earlier drive for public school education for Indians, were dumped unceremoniously into the public schools of Lodge Grass and Hardin, Montana, which bordered the reservation, in the belief that this would produce rapid assimilation. Ten years after this was done, thirty to forty per cent of these children were still sitting in the rear rows of first-grade classrooms, unable to speak English. At that time, not one of these children had progressed as far as the high school. While this was happening, a few fortunate Crow children because of one handicap or another, had been permitted to attend either the Federal school at Chemawa in Oregon, or Sherman Institute in California. These children had not only completed high school, but several of them are today college graduates.

While many public schools are today accepting Indian children in good faith--few have shown any interest in profiting from what the Educational Branch of the Indian Service has learned about teaching English to non-English speaking Indians, or otherwise speeding the education of Indians. Some of the situations which you will encounter in your study of emotional problems of Indian pupils in boarding schools, will be those created by the Indian Service itself. Note for example, that under present regulation, most normal children are excluded from Indian boarding schools. This has resulted in an overload of emotionally disturbed children who tend to intensify each other's problems.

Emotionally disturbed children are not new to Indian boarding schools. Some years ago a Bureau fiat excluded from the Chemawa Indian School most of the Klamath Indian children. The families had money because of the timber resources. The public schools on the reservation were open to Klamath children. Ergo, they must not go to a Federal school, and be educated at government expense. However, most of the reservation towns were pretty rough places. Many transient timber workers lived in the towns, which were wide open as far as liquor and prostitution were concerned. Healthful recreation was difficult to find. When one of these Klamath boys or girls succumbed to this environment, was convicted of crime, became a chronic alcoholic, or had several illegitimate children, then he or she was considered qualified for admission to Chemawa. Many of these children were too far gone for us to help. Those whom we accepted, we usually salvaged, because the majority of the Chemawa students were normally healthy, happy children who made being decent sufficiently attractive to overcome the Klamath's earlier experiences to the contrary.

A more serious problem arises when many of the children in a single institution are atypical. The balance wheel of normality is absent. So long as Indian Bureau policies concerning the care and education of children are determined by influences other than the professional guidance of educators, psychologists and welfare workers, the creation of such problems is likely to continue.

(For a summary of another paper by Dr. Beatty stating what he believes to be the essentials to rapid and constructive social change, see Appendix A. -Ed.)

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SOURCES OF MENTAL STRESS IN INDIAN ACCULTURATION

Tom T. Sasaki, Ph.D.
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The central theme of this presentation is that many sources of mental stress among the American Indians of the Southwest can be traced to acculturation experiences.

Acculturation, in this context, refers to the process by which the customs, knowledge, attitudes, values, and objects of one culture or way of life, become adopted as a whole or in part by the people of another culture. This is not a one-way process as can be observed readily in any southwestern town, and neither does a group necessarily drop everything traditional. Quite often the results may be new combinations or entirely new patterns of behavior.

When peoples in contact share similar modes of behavior, or when the acculturation process proceeds at a relatively slow pace, there is little disruption to the functioning culture or to the individuals, since adjustments and adaptations can be relatively easily fitted into the existing framework. For example, substitution of a modern type of irrigation for an aboriginal system in a farming community is not likely to be particularly disruptive, nor are the long-time contacts between trader and Indians, even though they have resulted in major changes in store items purchased by the latter, and the development of new needs.

In contrast, rapid change from the Indian way of life may leave the Indian with the problem of being confused as to which set of rules to live by. The difficulty of making decisions in this situation may result in emotional troubles. The Indian may withdraw from situations where he has to make such decisions or he may even go back to the tribal ways altogether and have a ceremony performed by his medicine man to relieve him of anxiety, "the ache all over feeling."

For example, if you found yourself suddenly driving a car in England where you have to drive on the left side of the road, it would take you some time before you could begin to drive comfortably and automatically without having to think about the proper thing to do. Having driven all your life on the right side of the road, you would constantly have to remind yourself of where you are and how the other driver is going to act. Tension from this situation might make you so uncomfortable that you would stop driving or even come home.

Here are some examples of difficulties which Indians have had as a result of rapid change from the Indian way. They are all based on field observations. The names used are fictitious.

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The first example could have occurred in any community where Indians have contact with others at work but return to the Indian community at night.

Jim Smith lived in an Indian village near a large city. After having had much formal education, he wanted to be part of the larger community. Since his home was close by, he was very familiar with the urban area in which he worked. Jim, therefore, found little difficulty in turning outward, but did face the problem of making choices.

Although he could and did return to his home each night after work, and did participate in some aspects of the village's ceremonial life (since the community had made some adjustments to the "white" man's schedule), he still found little personal satisfaction. He was often asked to contribute heavily in cash to help relatives, and was constantly in debt. Frequently, immediately after receiving his paycheck, he spent his earnings on liquor. Because he could not save any money, his aspirations of continuing his education so that he "might help his people" grew dimmer and dimmer. In his attempt to satisfy the expectations of two groups with different cultural orientation, he could satisfy neither and eventually became an alcoholic.

The next two examples could have occurred in any community where Indians live on the reservation and have more limited contacts with such agents of culture change as federal employees, missionaries, and traders, but where the whole community is undergoing rapid change as a result of modern technology, boarding school education, and political development.

Sally Jones's family consisted of her husband, herself, and seven children. Unlike many young couples who lived with the wife's family in accordance with the residence pattern in this culture, the Jones family lived with that of the husband. (The reversal was partly brought about by a government regulation which assigned farms to the male head of the family.) Sally's relatives were deceased. Sally spent a number of years at a boarding school off the reservation where there were not only excellent teaching facilities, but a well-balanced health and recreation program. In this institutional setting she had learned many ways which were strange and foreign to the folks back home. After seven years in school she went back to her community and married Tom, who had no education and who had had little experience away from his home community.

Sally's sister-in-law, who had tuberculosis and who had spent several years in a sanitorium, returned to live with her mother and father. At that time Sally had five children. As was customary in the particular group, the sister-in-law ate her meals with the entire family group. Sally became concerned about her children contracting the disease, particularly since everyone in the family ate from the common pot, sharing the limited number of spoons owned by the grandparents. Her husband, by now, had a fairly stable job, so that she was able to purchase her own set of cups, plates, and silverware. Even though water still had to be hauled to the farm, she insisted that her children use separate dishes and that they be washed in hot soapsuds after each use

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(rather than mere rinsing in cold water). During the winter, she wished to have her children in the boarding school to learn the "white" man's ways as well as to be separate from the tubercular sister-in-law. The grandmother objected. She wanted the grandchildren at home to help herd sheep in the traditional way and to keep her company. These differences, of course, resulted in tension (although open conflict was suppressed) between the two women. It was resolved only after Sally had succeeded in getting her husband to move into town away from his kinfolk. Compromise with the grandparents was also necessary, and Sally was forced to permit two of her children to remain with them. The remaining siblings were placed in the boarding school. I am sure the combination of these factors, in addition to many more, resulted in Sally's subsequent behavior. She became slovenly in her dress, habitually intoxicated, and highly promiscuous in her sexual behavior.

In the same community lived James Brown, who was raised in a non-Indian family until he was almost sixteen. He then went to an Indian boarding school. He was a carpenter and then an independent building contractor. During the economic depression of the thirties, he returned to the reservation and obtained a position with the Civilian Conservation Corps as a supervisor and time-keeper of the laborers. They were then building an irrigation project. He used his building skills to make a home for himself and his family, and proceeded to assume leadership roles in the community.

Having been socialized in a culture different from that of the local people, although he was of the same tribe, he had never learned the Indian ways. His aggressiveness in trying to persuade the local residents to accept "white" man's ways immediately led to social ostracism. Consequently he began to drink heavily. Fortunately he was drafted into the Army at this time.

After his return from war service, his status had changed, largely because the community had undergone some modification as a result of contact experiences. His neighbors by now had widespread "white" contacts in work and social situations outside the reservation. Since local economic opportunities were limited, James sought and obtained work in the nearby town. His employers looked upon him with favor because of his English skills and his competency in handling whatever jobs were assigned to him.

Unfortunately he soon began to drink heavily again. His motivation this time was not rejection by his own people, but rejection by non-Indians who did not wish to interact with him outside situations of an economic kind. This depressed him considerably. One job led to another, with his drinking becoming more and more frequent. With each loss of job, he became more bitter than before. He had numerous conflicts with Indians as well as non-Indians, interspersed with periods of depression during which time others avoided him and he avoided them.

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The remaining examples could have occurred in any community where Indians are living away from the reservation and must react constantly with non-Indians.

Fred Johnson had worked in Wyoming for a period of about six months as a laborer on the railroads. Throughout the period he complained of aches and other symptoms that seemed to be difficult for the "white" doctors to diagnose. Finally, he was declared ill enough to be hospitalized. He was transferred from one hospital to another until he eventually returned to his home. There his family recommended that he be given a particular ceremony to bring back balance into his life, so that he might recover. Questioning brought out the response that during his youth he had transgressed one of the cultural taboos and therefore his family expected the sickness, including the regressive child-like behavior, to occur.[1] Within a day or two after the ceremony had been held, he was considered to be his normal self. We might guess that what he needed to conteract the loneliness that he felt when away from home was assurance that he still had the social support of his family and relatives.

Boarding schools, or bordertown dormitories from which Indian children attend the local public schools, remove the children from the influence of parents and the tribe. This may serve to speed up the change from the Indian way of life but it also may cause special problems. The child is no longer able to have a normal close and loving relationship with his parents. There may be no one in the boarding school who will accept him as he is, who will be patient with his problems of adjustment.

When the federal government began to build dormitories so that Indian children could attend bordertown public schools, some families decided to move into town themselves in order to give their children the benefits of home life, as well as to carve out a life for themselves in the typical middle-class fashion. These families were highly acculturated and the men-folk had the kinds of work skills which were in demand. Wage work was not difficult to find. However, with the movement into town new problems arose. First, there was the immediate matter of obtaining living quarters. In this particular town several sections were generally known as areas in which the Indians lived--two so-called tent cities, and an area south of the railroad tracks containing a number of sub-standard dwellings. There was a housing shortage and available quarters were expensive; but this town, like others in the Southwest, allowed Indians to live wherever they wanted to if the rentals or payments on homes could be met. There were other expenses: payments for automobiles, food, clothing, and so on. With few recreational outlets available, it was difficult for the parents to avoid drinking with their new neighbors.

Although the families and their children wanted to live according to their idea of middle-class American culture, they immediately found themselves in the lower class. The children found that the father's low wages and heavy expenses prevented them from being dressed in a manner acceptable to the non-Indian children; for this and other reasons related to cultural differences, they were subjected to ridicule by schoolmates. The children's reactions varied--some withdrew from class participation, others became highly aggressive. Those who withdrew in the classrooms displayed their hostility and aggression after school hours. Needless to say, these families and their children did not adjust well to this bordertown life.

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[1] Clyde Kluckhohn and Dorothea Leighton, The Navajo (Harvard University Press, 1946), p. 132.

On the other hand, there have been other types of conflicts emerging among families who have made favorable adjustments by middle-class standards. Individual Indians with skills that have enabled them to obtain salaried positions have located themselves in the somewhat "nicer" parts of town and have rejected most of their traditional culture values. One might ask: "What problems can possibly face these people?"

In these upward mobile families, children are forbidden to speak their native language and this prevents them from communicating with their grandparents and other relatives. The cultural patterns of visiting relatives are foreign to these children; in extreme cases visitors have been prevented from entering their homes. The effect on the visitors perhaps is obvious. Not so obvious are the effects on the children and their parents; that is, a further rejection of the traditional cultural patterns and perhaps the emergence of guilt feelings which strike home when they themselves are rejected later by members of non-Indian groups.

These experiences have been found to be rather common among the offspring of the earlier immigrant groups to this country from Europe and the Orient, who had rejected their parents' culture patterns while at the same time accepting in full those of the dominant group. While in school they may have found little discrimination and were thus able to participate fully in the life of the institution. The sharp break invariably came upon their graduation from the high school or college. The world outside was different and their full acceptance tended to come slowly; often with trauma. Employment, except for unskilled work, was difficult to obtain. Social contacts which they had made while they were in school no longer existed. Little personal satisfaction was to be found in the dominant culture. Nor was it to be found in the culture of their parents, since this, too, was now equally complex and foreign to them. In essence, this led to the emergence of the "marginal man" who floundered between the two cultures, but in fact, belonged to neither.

Many have come through their acculturation experiences and have been able to make out in the competitive American way of life and also continue as functioning members of their own group. We do not know how many have made good adjustments, nor do we know how many have failed.

In conclusion, I would like to stress that much work needs to be done to relate types and symptoms of mental illness to the various acculturation situations. At the same time, examination of factors which contribute to successful adjustment is important; virtually no research has dealt with this question. We have neither figures nor comprehension of the magnitude of the problem. We know practically nothing about the Indian's own cultural definition of what constitutes good or poor mental health, what mental sickness means, and very little about the sources of support given to those considered mentally ill by the various Indian groups. And most important of all, we have no knowledge of the cultural sources of "deviant" behavior among children who live in a foreign atmosphere away from home.

AVOIDANCE OF EMOTIONAL DISTURBANCES

Mrs. Annie D. Wauneka
Chairman, Navajo Tribal Health Committee

I have watched for years the increasing number of boys and girls who ride off from home to school in buses each year. These children depart in thousands from the Navajo Country for destinations ranging all the way from Oregon to Oklahoma. They are scattered in institutions of learning in places far distant from their mothers and fathers, relatives and friends. They leave the life of their home communities they know so well, to go into strange and unfamiliar surroundings, to meet strange people who have many ways to which they are unaccustomed. This is partially the current pattern of Indian education.

The Navajo people do not wish to send their children far away from home. The policy of the Navajo Tribe is to seek the means of education for their children as close to home as possible. The Congress of the United States has not seen fit to make school seats available to all of the youngsters within their local communities. Though dissatisfied, the Navajo people make the best of the situation and send their children off to non-reservation boarding schools, reservation boarding schools, and peripheral dormitories, in order that these children may have the benefits of education. All this requires a tremendous adjustment. All this is a jolt, a shock, especially to the younger children.

Every child needs certain things if he is to grow up healthy and happy and become a good citizen. Briefly, these needs are proper food, clothing, protection from danger, and adequate medical care. Not only must a child have these four prime essentials but together with them he requires attention, love, sympathy and understanding. Above all, children need to feel that they are wanted and trusted.

In large groups, the training and discipline are apt to be impersonal. This is especially so in boarding schools where a minimum of staff is available and the maximum of children must be accommodated. The child is literally ripped out of his environment and set into an artificial situation where the family life he has always known no longer exists. How can a child learn about family life and its responsibilities when he is not experiencing it? Instead he is experiencing something vastly different from what he has known in another environment. At home it is not necessary for him to be careful in crossing the street, perhaps there are no streets. At home he does not eat his meals with 500 other children. He eats with his mother, father, his brothers and sisters. In his new environment, he experiences a thousand new situations, new ways of doing things, different housing. Many little children have never used a flush toilet or drawn water from a tap or answered their names at roll call.

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Small children especially need to be loved and protected because it is in the early years that one develops habits and attitudes which carry over in the later life. I can only say that impersonal treatment of the child in a boarding school situation may affect future attitudes and the child's ability to adjust as expected.

Undoubtedly it is an emotional shock when a child leaves his home and all that is familiar to him; and it is extremely hard when he goes into a completely different life and culture where new and different things are expected of him. This is when he needs much affection and understanding; so it is important that the schools have both sufficient staff and good staff members who are interested in working with our children. At best it is hard for any institution to meet the needs of a child which are usually met by the family.

How unfortunate it is that at times brothers and sisters must be separated to go to different schools. This, of course, sometimes comes about because of age and grade differences and the differences in the curriculum offerings of schools themselves. The emotional disturbance in children caused by this separation of brother from brother, sister from sister, or sister from brother must have its effect.

In a boarding school, a child's every move every hour, almost every minute, is supervised. You call it regimentation. Unfortunately this regimentation makes it difficult for every child to have free time. Many boarding schools fill the day from early morn to late at night with activities without free time and without help to the children to develop individual use of free time of which there is none. Too often, the staff appears to fear that children will get into mischief unless all the time is planned for and scheduled. I would point out that without the development of individual initiative in the use of free time, children grow up without self-reliance. Schools need to develop self-reliance. Sick people are rarely self-reliant.

We all know that the emotional adjustment necessary when a child leaves home and familiar surroundings and ways, is often too much for them. In fact, it is often too much for adults. We find that out of 100 adult people who are relocated in great cities, 30% come back home because they cannot adequately make the adaptation to the new life which surrounds them. Sometimes both adults and children become so upset that they are emotionally ill. It has always seemed to me that there is a need for psychiatric clinics where help can be given to these ill people before they become so upset and unbalanced that they must be sent to overcrowded state mental institutions.

Some children go direct to school from a hospital where they may have been ill for a long time. These children require special attention and help in order to develop physically and socially and not become "lost" in the competition among strange, older, or larger children. Possibly some of these children need to be placed in private homes with families where they may be happier and better able to do well. Such homes are hard to find and are expensive. Nevertheless, they are necessary for the children who cannot compete in the larger groups found at boarding schools.

Now I should like to talk about the staff at boarding schools especially. It has appeared to me that more staff and a better qualified staff is needed to cope with the many social and medical problems which are coming to the attention of our schools and welfare staffs. Larger and better qualified staffs cost money, and in this day and age of high taxes, that is a great problem. I have watched with great interest the development of staffing at the various boarding schools. For instance, the Bureau of Indian Affairs uses a document that they call the Position Description. Such a Position Description describes the duties, responsibilities, administrative authority, mental demands, physical demands, supervision received, supervision given, education requirements, experience requirements, age; and what have you? But nowhere within this document have I seen anything written or required regarding interest in children, love, kindliness, and understanding. These position descriptions are totally lacking in the prime element which they should contain.

How do we measure kindliness and love? How do we set forth on paper the requirement that staff members must understand children? Perhaps these elements can only be secured through intimate knowledge of the character and background of people.

Many people are selected from Civil Service positions who know little or nothing about the Indian people. They have seen pictures of Indians with feathered headdresses but they have never visited an Indian community. Once they are hired, they have little or no opportunity to make home visits. They realize nothing of the struggle the Indian makes for a livelihood in an arid and sometimes forbidding land, nothing about the economy of the people; nothing about the raising of livestock; nothing about the native foods; nothing about the culture patterns and customs. How can they pave the way for an adequate adjustment of the child coming from one culture and being immersed in another? Lack of understanding of the child's home life and culture sometimes leads to a tendency towards bending the child in a hurry to new ways, strange patterns of life. Teach the child to, "Eat it or else!, Drink it or else!, Do it or else!, Do it because I said so!" Such treatment of the delicate mental mechanism of a child is bound to make an impact and an indelible impression.

On the other hand, we find the dedicated school workers who have known and experienced life in an Indian community, who know our ways, who know the background, who know how the Indian people grub for a meager living and who can use all this knowledge in helping children to move along in a newer cultural pattern intended eventually to place them on a par with others who live in non-reservation communities. These wonderful men and women are the priceless jewels who can save our youngsters from emotional disturbances.

To summarize, Indian Education must narrow the gap between school and hogan, must know the environment of Indian communities, the home life of the Indian people, their culture and their customs. Then and only then can school workers bring to the children some semblance of understanding. Such understanding can assist in bringing the needed help in the important process of adjustment, the release of fear, the building of happy, healthy life in children. I feel convinced that such understanding can assist in the avoidance of emotional disturbances.

MENTAL HEALTH OF INDIAN BOARDING SCHOOL CHILDREN

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When I heard Mrs. Wauneka last night, I thought really I didn't need to give this paper because she said so many of the things I wanted to say, better than I could say them.

The problem of mental health and mental illness in children in Indian Boarding Schools is primarily the problem of mental health and illness in children who are living in a strange culture away from their families. By looking at the problem in this way we can begin to see ways of breaking it down into areas of manageable size.

Indian children have basic needs which are no different from basic needs of children all over the world. These basic needs can be described in many ways, but essentially they are the need to be loved, the need to be accepted by the group and the need to achieve.

At first these needs are almost entirely met by the family. As the child grows older, he turns more and more to social institutions, but the family group is always of major importance. When the Indian child is sent to a boarding school, he is removed both from the supporting family group and from many of the supporting institutions in his society.

To sever these important ties will produce many anxieties and fears in the child who has had a normal personality development. In addition the boarding school must deal with the child who is emotionally disturbed even before he comes to school. As I see it, these are two somewhat separate problems. That is, what can be done for the normal child to help him make the transition, and what over and above this can be done for the disturbed child.

There is one other problem area which I would like to bring to your attention. This problem I will call cultural conflict. I expect it becomes particularly acute during adolescence when the child is struggling with the decision of how to pattern his life. The child is taken from the Indian culture to the boarding school culture. During adolescence, a period when rebellion against parents is common, he must decide if he will go back to the Indian culture, move into the non-Indian culture, or work out some sort of compromise.

Entering school is a stress for any child. Some will adjust quickly and show only minimal anxiety. Others will take longer to adjust. Some, who already have only a marginal adjustment, will not be able to make a transition without a great deal of help. Because boarding school children are away from their families and have cultural conflict they will need more help to adjust.

Indian boarding schools present certain kinds of stress to the child. We cannot understand the child's reaction to this stress unless we have some understanding of child development and the dynamics of behavior. At any point in the development of a child the behavior of the child and his inner feeling state depend on the interplay of a large number of forces. I use the word force intentionally, because human beings are not static. Whenever we study people we study dynamic interaction. In our study we hope to understand the relationships of the forces involved.

A 13-year-old girl attempted suicide by drinking kerosene shortly after she was first admitted to an off-reservation Indian Boarding School. She recovered with treatment. In subsequent weeks she wrote letters to her boy friend saying she would again attempt suicide if she were not allowed to return home. According to the social history her parents were alcoholic and unable to adequately care for her. She runs freely in her home community and often stays out all night.

It is not possible to deal adequately with an emotionally disturbed child in the school without a past history. I would recommend that whenever a problem arises in a boarding school child this information be obtained immediately from the social worker or nurse on the reservation.

Perhaps you obtain background information on all children coming to the school. It would certainly be desirable to do so, if for no other reason than to anticipate and perhaps prevent disturbed behavior from developing. Those children who have had unhappy life experiences will have the most trouble adjusting to the boarding school. The 13 year old girl may not have attempted suicide if school personnel had known she was likely to be disturbed before she arrived at the school and had taken steps to make her feel more comfortable.

We have been taking a rather general look at some of the forces in the life of the child which will influence his reaction to current stress. In addition to those factors which have already been discussed, the severity of reaction to stress will be influenced by his stage of personality development, that is his age, and by the satisfaction and outlets provided by the environment. I can best illustrate this with some brief examples. The child of seven or eight will be more frightened than the adolescent when he is separated from his parents to come to the boarding school. His fears can be minimized to a certain extent by understanding sympathetic adults. He may tend to express his anxiety in a number of ways. He may tend to be overly aggressive or defiant, but if this is not permitted or severely punished he may find another outlet for his anxiety. He can withdraw, or he may develop physical symptoms - headaches, or stomach pain. The adolescent, on the other hand may be unhappy at leaving his parents, but if he has had a normal personality development, he will adjust rather quickly. In other words, the severe emotional upset would be normal for the seven year old, but not normal for the older adolescent.

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We will now turn to a brief review of the kinds of problems which indicate emotional disturbance. Some of these may be transient and clear up with relatively little understanding and reassurance; others may be of more serious import.

All children when first coming to the boarding school will be frightened and unhappy. And they will one way or another show this.

Ruth Underhill in her book "The Navajos" describes this well in discussing the boarding school experience of the Navajos at the end of the last century.

"A Navajo was used to living from birth to death in a warm circle of family and clan mates. Never had he needed to go out among strangers and make his way by charm or aggression........Whether he was ugly or attractive, talkative or silent, his place in the group was assured.

"At school he found no one but strangers. ....His refuge was the usual Navajo expedient in time of doubt: be silent and make no move."

From this illustration you can see how it is important to understand the usual ways in which Indian children react to stress. An uninformed observer might well think that these Navajo children were not unhappy because they did not cry.

In stressful situations most children will often regress to earlier behavior patterns. Common symptoms of this are enuresis, trouble sleeping, and feeding problems. Or children may become defiant and unruly. Others may become withdrawn and refuse to participate in the group. With proper handling and a satisfactory environment these symptoms tend to disappear as the child becomes more comfortable.

Persistent phobias - that is, unreasonable fears, such as fear of the dark, etc. - stuttering, tics, persistent disobedience, persistent withdrawal, persistent stealing usually indicate more than transient adjustment problems. These children need special attention and perhaps psychiatric treatment if available.

Learning difficulties may also be symptoms of emotional maladjustment. I will mention a few of the ways in which emotional conflict can adversely influence school work. First and most simply a child may be so fearful that he cannot concentrate. If he is a withdrawn, well-behaved child, this anxiety may be overlooked. Or a child may be rebelling against parents and authority. In this case refusal to learn is a way of expressing hostility.

Children who are depressed tend to be withdrawn and lack the energy and motivation to learn. I should think that depressions in children would be a major problem in Indian Boarding School at the beginning of the school year. This is the time when the children leave home. Some children will need a longer time than others to resolve the feelings of homesickness and depression. For this reason I would expect some to do poorly at the beginning of the school year, but better later on.

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There are other behavioral symptoms of emotional unrest which most of you, I am sure, are familiar with. These are such things as restlessness, stealing and running away and sexual acting out in adolescents.

I would like to return for a moment to the problem of cultural conflict which I mentioned earlier. As you know adolescence in our society is a time of much inner turmoil. This is because the adolescent is faced with many problems which he must solve. Among these problems are his feelings about his parents and his future role in society. Is he going to accept his parents' standard, which he has come to accept as his own, and his parents' ambitions for him or is his life going to take a different direction. The child who grows up in a middle class family in a medium size American city will have conflicts about his role in society, but the course he chooses will probably not be too different from what he has known in the past.

The Indian boy in a boarding school may well have two very different cultural experiences from which to choose. To make a choice may be to turn his back on a part of his life which has been important to him. Such a difficult choice adds to an already stormy adolescent period.

I have presented some problems and some ways of understanding these problems. What can be done about them? I will return to some things I said earlier. The task of the boarding school, in addition to education is, as I see it, to help the emotionally healthy child make the transition from home to school, to provide special help for the emotionally disturbed child and to ease as much as possible the cultural conflict.

The first step of course, is to recognize and understand as much as possible what problems the children face. The next step is to set up ways of handling the children's feelings.

I'd like to stress the word "feelings" here. I think we tend most often to look at behavior; to look at the external evidence of how people feel. The important thing in understanding anybody and certainly understanding the Indian children is to understand the feelings that they have--what is going on inside of them. For some of you, I'm sure, this comes very easily and is almost second nature, and others may have to work a little harder at it. In a sense you have to begin to tune in on how children feel. Part of this is putting yourself in the child's place if you can. Many of us haven't had the same experience as these children have so we're not really sure how they feel and we're puzzled by it.

Another part of this is our own feelings. Sometimes we react by anxiety or hostility because we're scared or we're bothered by these feelings that the child has expressed, so that we tend not to listen to the child's feelings. We tend to react according to how he makes us feel. This may not be good for the child. This problem of feelings is really important--the feelings of the child and the feelings of the adult who is dealing with the child. It takes a lot of experience to be able to separate these two things.

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If the adults around him back off from the problem, the adolescent becomes more worried. This is again where our own feelings come in. If we are afraid to discuss this with the adolescent, if we're afraid to come face to face with some of the emotions that he or other children are expressing, then, I think, we can't help them a great deal. Sometimes the emotions we have to face with them are unpleasant and we don't like to do this; but it's very important, I think, for these adolescents to be able to face this openly and realistically with someone that can help them.

The boarding school children should be allowed to be dependent and to seek out school personnel whenever they feel the need to talk to an adult or to just be near someone. Many children will come to the doctor or nurse with vague physical symptoms. If nothing abnormal is found after examination, the children should be given the opportunity to talk with someone. A close liaison between health and school personnel is important. If the complaints continue, the child should be given extra attention. If it is possible for parents or friends to visit, this should be encouraged. In other words, the school should be as much like home as possible.

I am sure that you will quickly recognize that I have more problems than answers.

Children with more serious emotional disorders require special help. In addition to the above, it would be helpful to have trained counselors.

The problem of cultural conflict must be resolved by the adolescent himself, but understanding and counseling can help. It is important to help the adolescent to talk about his conflicts and to face them openly. In this way, he can deal more realistically with his problems.

In conclusion I would like to emphasize the need for further study. There is much we do not know about the reactions of Indian children to boarding schools. The solution of many problems may have to wait further knowledge.

(See Appendix B. for Dr. Leon's previous paper on this subject. - Ed.)

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PSYCHOLOGICAL CONFLICTS OF ADOLESCENTS

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I shall discuss with you some of the Psychological Conflicts which confront our adolescents. It is probably safe to say that these conflicts occur to greater or lesser degree in all cultures. They are part of growing up and result from the rush of new sensations, impulses and liberties which the growing person experiences. They are partly the response of the developing individual to society, to what society expects of him, permits him to do or prohibits him from doing. Such sanctions are expressed by the institutions of a society, by its laws, traditions, ideals and its educational and religious practices.

Psychological conflicts can be broadly characterized as existing between primitive, inborn impulses and needs on the one hand, and restrictions, prohibitions, and demands for conformity on the other. These restrictions, prohibitions and demands, although originally stemming from those in authority in the culture, gradually get built into the personality through the young person's desire to be like his respected elders. This process called identification is reinforced by the elaborate system of rewards and punishments which our society provides.

It must be clear that the existence of conflicts is in itself no evidence of mental or emotional illness. The test is rather in how they are met, how they are resolved, what kind of compromise is achieved.

The adolescent differs from the mature adult in the very process of identification which is still incompleted. In him the opposed forces are still in turmoil. This leads to uncertainty, to unpredictability, and to various sallies and maneuvers which are as exasperating to his parents and teachers as they often are to himself. Like his changing voice he is a man one moment and a boy the next. He is blown by the winds of impulse leading often to dishonesty or blatant sexual experimentation. He may have needs which make for extremes of scrupulous or religious behavior or moodiness and withdrawal. It is not always easy to tell the difference between normal adolescent behavior and real mental disease such as schizophrenia. This is no laughing matter. In both there is a tendency for "feeling" to be separated from "thinking" and often as well a tendency to retreat into a world of fantasy inaccessible to others. Only a feeling of trust and a sense of being understood can remove this barrier and make communication possible.

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Understanding adolescents comes from self-awareness and from a sense of being at home with one's own past which makes it possible for the adult to identify with the adolescent. But if the culture from which the adolescent comes is radically different from our own, if his rituals and practices are too bizarre for us to accept, then it becomes difficult to understand him and perhaps impossible for him to identify with us. Mutual identification is, I believe, the essential basis of both good teaching and effective guidance. With the adolescent as indeed with older persons, there is an element of psychotherapy in all teaching.

In my opinion, it is far more important for the teacher to be thoroughly familiar with the native characteristics and endowments of his pupils and to have a vivid picture of their heritage and background than to be schooled in the elements of dynamic psychiatry. Indeed this latter may easily put the wrong emphasis on his task. The teacher must know above all the assets of his pupils rather than their weaknesses. I am told that Indian pupils are distinguished for a certain quiet modesty, for humility, for stoicism, for self-control and also for adaptability. They have then what we call ego strength, which is the best insurance against neurosis. And many of them have artistic gifts and a long tradition of beautiful craftsmanship in which they take great pride.

But all these gifts and talents may not be enough to withstand the years of exploitation to which they have been subjected, nor the assault on their integrity which acculturation often inflicts on them. They are asked to abandon what their parents and grandparents have stood for for many generations and to substitute manners and ways which may easily impress them as cheap, showy, or irreligious. They are spurred in their attempts to become acculturated by economic necessity and by the fact that Government policy, insufficient water or inadequate roads make schooling near home the exception rather than the rule on most reservations.

Added to these complications is the fact that they are suddenly confronted with a new language which must be difficult for them to acquire. By the time they have learned to speak it, and have changed their dress, and cut their hair and learned many new techniques for living, one can see that they will be somewhat alienated from their parents and kinfolk to whom they are bound by ties of duty, affection and often reverence. This will present them with new conflicts.

It would not surprise me if they frequently encountered difficulties in concentration and in learning, nor if they exhibited evidence of depression. I am accustomed to seeing both of these manifestations in students at Harvard and Radcliffe, who are also undergoing a kind of acculturation. All of the common conflicts of adolescents will, of necessity, be enhanced by the conflict of cultures. For example, the conflict between the need to be dependent and the wish for independence is prevalent in adolescents. The adolescent's rebellion against his parents may carry him so far from his Indian cultural background that he has trouble returning home for the security he badly needs. Having been away so long, he's a misfit at home which increases his insecurity and rebellion.

Closely related is the tendency to be passive and the need to be aggressive or to express hostility in a manner not too destructive to others or to oneself. One frequently finds that the mishandling of dependent and hostile needs leads to depression and to all the attendant misadventures of ill health, failure, delinquency and suicide. But perhaps the greatest conflict of all which besets the adolescent and leads so often to a kind of turmoil is the conflict of roles with which he tries to identify. Obviously if he is caught between two cultures and if, when acculturated, he is still treated like a second class citizen in his new culture, this conflict may become overwhelming and insuperable.

Society often does little to help the adolescent, and I speak here of non-Indian as well as Indian. Indeed, by a kind of contrived malevolence it seems to strive to aggravate his struggle almost as if to test him. With a raised forefinger, it preaches continence and chastity and under the table it slips him pornographic literature or it blazons the billboards and the pages of magazines with sexy pictures at a time when the sexual impulse is burgeoning. Little wonder that the adolescent is experimenting in sexual matters and trying to find out for himself. Society raises educational standards, puts higher and higher premiums on study and makes it more and more difficult to get into graduate schools. In the Philippines, I am told, where graduate study is at Government expense, doctors and lawyers are turned out each year who can find no professional employment and are forced to drive taxicabs. In Japan, where Government service is thought to be the greatest good, this becomes impossible unless the applicant is a university graduate, which in turn is impossible unless he has excelled in his studies from kindergarten on upward. In China where obedience to parents and grandparents and reverence for them has prevailed for centuries, the Communists require a young man to denounce his father publicly and brand him as an enemy of the State. One can imagine what readjustments and reidentifications are necessary to fulfill this new role and at what personal cost.

Our problems are, therefore, not unique. The first element in their solution seems to me at hand, and that is good will and a desire to face up to them. This Symposium alone has convinced me of that. In the second, we are still somewhat deficient. We know too little, it seems to me, though I speak in no way as an expert, of the Indian's intellectual capacity, of his scholastic aptitude. We don't know whether the usual standards we apply are applicable to him. We need a working Intelligence Quotient so that the pupil can be graded appropriately. We need some modified projective tests to help us recognize extraordinary gifts and also those subtle deviations where psychotherapy, if available, could help in the educational program. One ingenious young clinical psychologist with an interest in cultural anthropology could, I am sure, accomplish a great deal, if he worked in harmony with the teachers in one of the Indian boarding schools. We need a continuous feed back from the children's homes to find out what effect their education is having on their elders and on family life. Does acculturation necessarily mean adulteration of those qualities of nobility and strength which distinguish these people?

What Whitehead said of religion could as well be said of education--that what should emerge is individual worth of character. Technical skill and jobs are fine but not at too great cost.

It will take a wise teacher and a fine school to help these children find their way through the personal conflicts of their adolescence and the cultural conflicts in which history has plunged them. Last night we had the privilege of hearing Mrs. Wauneka describe some goals to aim for. In a moving and eloquent fashion she gave us what might be called a Bill of Rights for Childhood. If these rights have been secured, then the conflicts of adolescents become manageable and part of the reality of growing up in this world.

HELPING THE ADOLESCENT IN SCHOOL

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Doctor Leon this morning and Mrs. Wauneka last evening, very thoroughly and ably reviewed for us the general problem of mental health in Indian boarding school children.

I am sure we would all agree with Dr. Leon that the Indian child's basic needs are no different from those of other children. They need to be loved, they need to be accepted, they need to learn controls and to accept responsibility, they need to become self-reliant, and they need to achieve some successes so that they may become more confident. Adolescents, however, need more than these. After all, the adolescent is different from a child, and now beginning to be this different sort of person, his feelings toward his parents change, he strives to become more independent, he is beginning to be interested in the opposite sex, he wants now to be recognized by members of his own age group, and he badly wants to develop his own identity, his own ideas of himself and of his part in the world.

Dr. Leon has asked what can be done to help normal adolescents through this transition period and to help them smoothly to achieve the sort of emotional maturity which we would like all adults to have. To answer this question it may be of help to consider these few thoughts:

First, there is no average or typical boy or girl. Each of them reacts and develops not only on the basis of such early experiences and training as he or she may have had, but also on the basis of the constitutional make-up which is theirs.

And secondly, when considering the adolescent, it is imperative that we look at his past. Those adolescents who develop problems at this time of life, by and large have had problems before. These problems do not appear out of the blue. For example, if the "no-no-no" problem of early childhood was not satisfactorily solved, we may expect this child to experience difficulty in gracefully acquiring independence during adolescence and to exhibit the negativism of rebellion in a very strong fashion.

Third, we need to remember that these changes in feelings and attitudes which adolescents go through are both normal and desirable. It may upset mother or father that now their embraces and their confidences are rejected, but actually it is when these changes in feelings and attitudes do not occur that one should really worry about the adolescent. For the adolescent boy to continue to seek and to accept only his mother's affection, or for him not to strive to become independent, may avoid a certain amount of heartbreak and turmoil within the family, but it hardly gives promise of a satisfactory adult adjustment.

Fourth, the adolescent's ability easily to adjust to these new feelings depends to a considerable extent upon his environment, especially the degree of support which he has from his family. In a highly competitive and aggressive society the adolescent feels that he has to hurry, that his opportunities for achieving a reasonable amount of success are limited. When he and others feel that he must always be busy, he can spare little time to be alone or to meditate. Furthermore, the adolescent who must now make up his mind about many things, develop an adult conscience and his own philosophy of life, finds his confusion compounded if he is set down in a society which has a variety of different philosophies, religions, goals, and choices. It is good for him to be subjected to the stimulation of many of these ideas and choices, but there is a point beyond which they fail to broaden his horizons and serve only to add to his anxiety.

And finally, we need to remember the resiliency of the adolescent personality and the adolescent's great capacity for change. If we fail to remember these, we may too quickly and too positively predict a gloomy future. The depressions and anxieties of the normal adolescent are not to be thought of as having the same meaning as they certainly would in adult psychiatry. "Schizoid," for instance, has implications which improperly describe the confused adolescent who, lacking athletic ability, temporarily has retreated into some unusual pursuit.

Transitory psychological disorders can at first glance appear quite ominous but often turn out to revolve about the adolescent's changing feelings and attitudes. These by and large readily respond to a genuinely interested adult. When confused adolescents are given the opportunity to experience a relationship with a genuinely interested adult, they will wish to please him and to imitate him; in short, they will tend to feel toward him as they did toward their parents in childhood. When such a relationship is properly utilized, its therapeutic effect can be both rapid and considerable.

To help these young people we should give them the understanding and support of warm adults who are quick to encourage their development of independence. We should treat them with respect and be quick to listen to them, and hesitant, but not unwilling to criticize or to advise them. A teenager at the recent White House Conference, though reticent to express any criticism of her own parents, suggested that the one thing which many adolescents wished was more encouragement. I like to think that she was remembering her wise Irish ancestor's saying: "Praise youth and it will prosper."

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SCHOOL MENTAL HEALTH IN RESIDENTIAL PROGRAMS

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(Because of the length and the technical nature of the papers by Dr. Coladarci and Dr. Polansky, we have prepared the abstracts below. For those who wish to read these excellent papers in their entirety, they are included unabridged in the appendix. - Ed.)

The faculty of any school, but especially the dormitory staff and guidance personnel of a boarding school, must continually ask themselves this question:

(1) What unfair assumptions have we made about the background and learning ability of this child?

The honest consideration of this question is especially important in boarding schools where the child is away from home and tribe and may have no one to stand up for him, no one who automatically gives him love and respect simply because he belongs. Thus a child can get a definite reputation, good or bad, by some chance happening or because one teacher made an unfair assumption (perhaps a handy characterization, like "antisocial Apache") before she knew all the facts. Such an unfair characterization can quickly be communicated to almost everyone in the school. This may be so overwhelming to the child away from home that soon he will begin to believe it, and then act as if it were true.

(2) We must also ask, "What unfair assumptions have we made about the future for which these children are being educated?"

The honest answers may bring us to consider important curriculum changes, new methods for evaluating student progress, and a different set of criteria for selecting faculty. It is important for all teachers and guidance personnel to discuss this question among themselves and with parents and tribal leaders and to come to an open agreement regarding the future for which the children are being educated. Without such discussion and agreement, contradictory views may result in conflicting influences on the child. Even though the teacher never talks about it, her ideas about a child's future will influence the way she teaches him and may unfairly restrict his own view of his future. This may be happening in Indian schools; only inquiry and open discussion will answer the question. This may be difficult because probably the administrators and teachers are not fully aware of their own ends-in-view and might even reject them if they were brought out in the open.

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It may be that the reason why Indian children on the average fall off in achievement in the higher grades is because the expectations of the teachers regarding what are appropriate school objectives may be decreasingly shared by Indian children as they progress from grade to grade.

There is, as would be expected, a correlation between intellectual ability and scholastic achievement; but approximately 75% of the variation in achievement in any group is not explained by variation in the measures of intellectual capacity of the students. It must be accounted for by other factors such as motivation, level of aspiration, and emotional blocking.

Without more attention given to the social climate of the school, to individual consulting, and to the attitudes of teacher and guidance personnel, we cannot expect much improvement in the classroom achievement of Indian boarding school students. We must develop an intensive and continuing inservice education program with assistance from mental hygiene specialists and we must revise the procedures used in selecting teachers to make sure that we recruit only those who have or can learn the attitudes and skills necessary for a forward moving Indian School Program.

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THE STRUCTURE AND DYNAMICS OF TREATMENT INSTITUTIONS

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Abstract

For an understanding of the reasons behind the great differences between the various institutions for treatment of children, a review of the evolution of such institutions is presented. From the early church sponsored asylums in England, we trace the development through the Elizabethan Poor Law to the Workhouse of Thomas Firmin, which degenerated into the Workhouse whose inhumanity Dickens has described in revolting detail. From the efforts of Dorothea Dix came much needed state hospitals for the insane, and these developed into the present day overcrowded impersonal monstrosities which have now reached the point where responsible psychiatrists are advocating their abolition. In Colonial times, the indenture of children who had fallen into want led to such abuses by some New England towns that Orphan Asylums seemed a welcome alternative. Recent evidence has shown that when a child is given an emotionally impoverished and intellectually unstimulating environment, the IQ may drop as much as forty points. This has led to the present trend toward foster homes and away from caring for dependent children in large impersonal institutions. But the fact remains that for some severely disturbed children, an institution is necessary. Thus we have seen these institutions change from taking care of large numbers of relatively normal dependent children into much smaller "cottage plan" institutions for the severely disturbed. This transition caused painful readjustment problems for the administrators and personnel. Psychiatrists were added to the staff, with their special and complicated methods for handling the children under treatment. The needed staff increased to nearly the number of children under care, and the cost per child increased to more than $8,000 per year. Even at that cost, most such institutions cannot properly handle psychotic children who need to be confined or restrained for their own protection or that of others.

Thus it is now clear that we need many different kinds of specialized institutions for children, each organized to treat a particular kind of child. Inevitably the Indian boarding schools will have to face some such evolution and provide special institutions for the more severely disturbed children.

Since no expert today can take a given case and prescribe scientifically which steps taken by which personnel will bring about a cure, it is evident that we fill in our deficiency of scientific knowledge with hunches, beliefs, and just plain preferences about how to do the job. The conglomeration of solid knowledge together with

hunches, etc., can most accurately be termed an "ideology." Such an ideology is very necessary to guide an institution for treatment of children, in order to motivate the staff to work together and toward the same goal. It permeates down from the director and provides the staff with a scheme to work under. Thus it saves friction between staff members by getting them away from personal conflicts over what might or might not be the best way to treat a given child.

But if an active treatment program is to be successful, it must rely on some interaction between all staff members at all levels. There has to be a certain amount of tension in a staff sensitive to the best interests of the children. An institution that runs too smoothly without some clutter and disturbance is no place for a child to live.

(Dr. Coladarci's second question regarding the assumptions about the future of the children seems to approach this same question of ideology. - Ed.)

In an institution for treatment of children, a power structure among the children is likely to exist, to be widely recognized among them, and to influence group behavior, if not treatment itself, in important ways. Much is yet to be learned about the interrelationships between children and staff members, about the question of whether or not the therapist should also have authority over the daily activities of his patients, and other related delicate problems that come up in such treatment institutions.

(See the Appendix C. for the complete transcript of this excellent speech. - Ed.)

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NOTES FROM DISCUSSION GROUPS

A. DIFFERENCES BETWEEN TRIBES

We cannot generalize from one tribe to another. Indian groups are different from each other. We must ask about which Indian in which group. It must be emphasized that there is a great deal of individual variability. Any generalizations about groups must be considered to be tentative and oversimplified.

1. APACHE:

On the Mescalero Reservation there are varying attitudes toward children. There is much physical contact: much fondling, and the children's wants are satisfied. This is true as long as the mother is with the infant, but it is quite all right for the mother to turn the infant over to another person for care for long periods of time. Cradle boards are used and are a source of considerable comfort--the children like them and cry for them. The mother derives much pleasure from satisfying the wants of the child. There is considerable inconsistency in turning the child over to another person who may or may not be capable of caring for it.

A second child is usually born about one year after the first and the second tends to replace the first. The second is treated as a "little god." There is no sex preference and the first child is displaced--pushed away harshly. The displaced child is presented with a strong conflict to solve, and most of them do solve it in a few months. The child has mild temper tantrums. He can exhibit no aggression toward the new infant. He first learns to eat simultaneously with the new infant and he seeks physical contact with another nearby person. The displaced child tends to crawl on visitors. Stoicism develops early--the child tends to freeze his emotions. The two-year old child is a very angry child--within a few months he suddenly becomes silent and still.

Proper behavior on the part of the child is greeted with silence. If he behaves improperly he is pushed away or criticized. There is a general absence of praise. Toilet training is haphazard. No comments are made when the child soils himself.

There is an institutionalization of fear as punishment. The mother tells the child that a "ghost" will get him. Discipline through fear is a regular phenomenon.

While it is commonly assumed that it is easy for the child to transfer his affections to others, this is not true. The child early develops a distrust of others with later traumatic results.

The father's role is minimal. The father is unconcerned with discipline. He may leave the child, for days or weeks at a time. He may on occasion fondle or cradle the child.

Emotional control among the Apache is deceptive. The apparent stoicism is not real. There is a great underlying emotionality which must break through at times (e.g., when drinking). Neurosis as we know it is not a common phenomenon. Rather one sees deep-seated character disorders (although the possibility of depressive or catatonoid personality type remains).

Growing up among the Apache is easier for girls than for boys. The men appear to be much less emotionally mature. Puberty ceremony for the girls is the only remaining major ceremony among the Apache--there is no equivalent for the boys.

2. PUEBLO:

The Pueblo peoples are much different from the Plains people. The Pueblo are "loving" people. "Supplies" are always provided for the child when they are needed. All children are equally valued and accepted. Toilet training is stricter than it is for the Apache. The Pueblo child is weaned earlier today than in the past. There is more use of the bottle. The cradle is less used now than in the past. It is difficult for the Pueblo to break his sense of close relationship to his family and to his tribe even when he becomes educated.

Competition is not compatible with the way of life of Pueblo Indians.

Passive resistance is a common form of defense mechanism in stress situations, and usually is supported by the whole group when it occurs.

Indian children are very reluctant to answer questions about their personal life. Implications for subsequent problems in trying to initiate effective counseling or to identify disturbed children are obvious. Such questions are likely to be either ignored or answered falsely. It is another form of passive resistance. After rapport is established and confidence is gained, the Navajo child will usually become more cooperative. However, the Pueblo child must be allowed to contribute information at his own pace or resistance will return readily.

Problems with Pueblo children are referred directly to the tribal council and Governor for action, rather than to the parents. This presents added problems of communication and delay in resolving the problems,

The community-oriented Pueblo Indians seem able to adjust faster to the community living associated with school and dormitory life, as opposed to the Navajo Indian who is accustomed to a more isolated type of living.

3. NAVAHO:

The Navaho present more highly structured patterns of behavior. Each family group is composed of a large number of families. The father may discipline all children in the extended family. There is a pattern established in which the father is gone for long periods of time. In school the child often has other clan members as fellow students.

There is a pattern for child care. A certain person--called "little mother"--is designated to care for the child. While clan members appear to have good relationships with each other, there are deep underlying tensions at times. Nevertheless, the Navaho child always has someone to turn to within his own extended family.

The Navaho are "reasonable" people. Even when they are angry you can usually reason things out with them if you don't push them or rush them.

Emotional problems may be less prevalent among the Navaho possibly due to less interference from outside and better child-rearing practices. But, we can anticipate an increase in emotional disturbances among them since there appears to be an increase in social upheaval.

Mental health is an Utopian ideal--strived for, but never achieved. It is a "desirable state." For the Navaho it consists of a balance between the supernatural, fellow man, and natural resources. The balance is related to concepts of harmony, beauty, etc.

Neither the Pueblo, nor the Apache have an indigenous word for mental illness although they have adopted Spanish and English equivalents. The closest words in the Apache language are best translated "He is wild," or "He is mean."

B. SOME SOURCES OF CONFLICT

The reservation system tends to isolate people from the main stream of "our" cultural life.

Time perspectives are different in the two cultures.

The Indian often fears prejudice from his own people when he returns to his own Indian community.

Communication is very limited between Indian groups, and between Indian and Anglo groups.

Southwest Indians have had the Spanish language imposed upon them and now the English language is being imposed upon them.

Two possible causes of conflict are 1) the suddenness of change, and 2) the lack of substitution of something accepted by the Indian as being as good or better than what is taken away.

Even if an ideal third type of person who has all of the best features of both cultures emerges from the boarding schools, he may find himself accepted by neither culture.

Some tribal courts, regulations, and traditions are not permissive. The Indian must conform or be an outcast. This presents particular problems for the young people.

Young people especially tend to suffer from spiritual insecurity and religious conflict.

Permissive sex standards still exist in many areas. Many of these standards are not socially compatible with our non-Indian culture, but still are socially acceptable within the Indians' own culture. For example, it is not a disgrace among some Indians locally for a girl to have an illegitimate baby, and the baby is readily accepted in the family's home life. However, problems related to illegitimacy in Indian boarding schools are probably no greater than what may be found in public boarding schools of comparable size.

Alcoholism is (or was) a problem because it was prohibited, and the problem may be expected to diminish under new policies. Among the Apache, anything you do while drunk you are not responsible for. Drunkenness provides for the release of stored-up aggression and is therefore valuable from the mental health viewpoint of the individual (although not from the point of view of the group).

If you are committed to a boarding school program, motivation must be instilled in the child before school age. Rewards are often built into the institutional structure but these "motivating" rewards may make no sense to the children. Although our boarding school children are here because they want to be here and because their parents want them here, their reasons for coming may be irrelevant to the goals of the school.

Economic motives must be considered. The Navaho who goes to boarding school relieves economic pressure on the family at home while he is in school.

Maybe the people who are working with the Indians are disturbed about their own roles and tend to communicate this feeling to the Indians.

C. RECOMMENDATIONS

1. CLIMATE OF THE BOARDING SCHOOL

A child may hide his problem if he feels the school tends not to take the part of the child in trouble. A counselor who is separate or apart from dormitory discipline and responsibilities is often more approachable to the child who has a problem. Providing children the basic needs for affection, acceptance and belonging is a total school responsibility.

While standards for teachers and dormitory staff are different, the gap should be (and is being) closed.

Teachers are often as effective parent substitutes as dormitory counselors. All children in the boarding school can be aided in their adjustment and even emotional disturbances may be alleviated by the atmosphere provided by the school staff.

Supplying the proper atmosphere for children in boarding schools is contingent upon understanding Indian children sufficiently to know what they need and providing facilities and personnel to meet individual needs of children. Understanding differences in individual children as well as tribal differences is essential to effective work with children. Schools which are more flexible or less rigid in their expectations of Indian children create fewer problems. The rate of acculturation is greatest in an environment with the least amount of stress. Under stress, Indian children and adults, like others, tend to regress to earlier and less mature forms of behavior. Cultural differences tend to become accentuated when the environment forces a speeded up process of change.

The children are now more sophisticated and question what is told to them. The school should blend the best of both cultures into the same individual rather than substitute one for the other. The best successes are achieved in those schools where the point of view is communicated that old traditions are respected, that we do not feel "our" way to be better; the children believe this because the staff means it.

One answer to the problem is for the school staffs to offer personal warmth, tenderness, and understanding. But an even better solution to the problem is to provide good schools near home.

Indians want for their children what every American wants for his child: good schools near home. While such schools may be unfeasible at the present time, it would appear that the difficulties are not insurmountable.

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There needs to be a re-examination of the roles and functions of the schools and implementation of the old program, as well as provide new services. Adequate physical plants with a well-trained staff is of the utmost importance. Staffing must be done in a structured setting and modifications may have to be made of the planned facilities if they do not meet existing needs. There must be closer cooperation between agencies and staff members in planning new services and in communicating needs. The channels of communication must be kept open if the children are to benefit from the planning of the staff. Administrators must survey existing programs and make recommendations for improvements that will aid in the transition process.

The need for providing additional staff - particularly during evening hours when psychological conflicts are manifest - should be considered.

2. STAFF IN-SERVICE EDUCATION

Staff in-service education among lower staff echelons is particularly difficult for two reasons:

a) instructional aides usually have had 8th grade education or less, and

b) there is a high personnel turnover rate.

The intellectual approach (e.g. lecturing) alone in in-service education is almost worthless. The staff needs effective and continuous supervision, sincere recognition, and opportunities to achieve. The best in-service education is the supportive help that can be given by the institution, including definition of role, support of status, and support with on-the-job problems.

The staff needs to learn emotional defenses as insulation against the pressures of problems encountered in working with maladjusted children. This should be another goal of in-service education.

Teachers, especially new teachers, need a great deal of orientation to get as true picture as possible of the children and the total situation which they are about to encounter. They need the opportunity of expressing their own feelings about the situation and of participating in establishing purposes and goals of the curriculum. Proper orientation and continuous re-evaluation of their own goals and attitudes can assist them in maintaining realistic expectation of their pupils.

Orientation or in-service training is not as important as the ability to adapt and maintain a sympathetic rather than a sentimental attitude.

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3. JOB MOBILITY

Upward mobility within job castes (e.g. instructional aide) is difficult because of limits of qualifications, but is a good method of giving recognition to job achievement if it can be done.

4. STAFF EFFICIENCY

Desirable characteristics for instructional aides include: enough education to be able to speak English fairly well, dependability, respect for children, sincerity and interest, and desire for self-improvement.

Present civil service structure creates problems on adequate selection of new employees as well as getting rid of employee misfits. For example, determination of the job applicant's real motives for wanting the job is very difficult, and his or her real motives may affect greatly the ability to be successful in the job. On-the-job observation is probably the only adequate method of finding this out, and the present one year probationary period is probably not a sufficient amount of time to do this. Likewise, present rating systems of work performance do not adequately resolve the problem of firing or transferring employee misfits. For example, persistently poor attitude toward the job is a common reason for wanting to fire or transfer an employee, but the term "poor attitude" is extremely difficult to define, document, and evaluate objectively.

5. CHANGING HABITS AND ATTITUDES

Teaching new habits and attitudes (e.g. health) is more likely to be successful if the reasons for change are explained adequately and if change can be brought about by working through rather than around existing beliefs and customs. It is especially important not to criticize or belittle traditions and customs.

In order to make the transition easier the adolescent must be put into a meaningful productive life with some useable skill, which includes social skills, as well as technical skills.

There is need to coordinate the adult education program with Indian Boarding School program.

6. USE OF THE SOCIAL PEER GROUP:

Instead of always relying upon the individual approach in aiding children in their adjustment group dynamics is suggested. Since adolescents are concerned with what their peers think and do, their own resourcefulness as a group can be used to work on problems of values, behavior or conduct, and attitudes. Problems can be reduced by permitting youngsters to express themselves. Class discussions, guidance classes, assemblies, student and dormitory councils are opportunities for students to participate in managing their own affairs. Children and youth can work effectively in resolving problems and participating in their own community management, but they do need adult help and support. Group approaches are better than "forcing" issues such as "proper" hair cuts.

7. IDENTIFYING ADJUSTMENT PROBLEMS:

The group expressed concern over the problem of identifying students who may have adjustment problems which do not manifest themselves in the more typical ways. Present personnel, particularly guidance staffs, are able to work with only the students who present themselves (self-referrals) for help or who display obvious symptoms of maladjustment.

A more complete record system would probably be of value to all of the staff, plus additional consultative services.

8. TRANSFER OF RECORDS:

Securing cumulative records, including the medical record, frequently becomes a critical problem, especially for students who have moved from school to school (school-hopping). Adequate planning for and treatment of children cannot be effected without records. Planning for children with special health or psychological problems should be done before the children arrive. This planning is important in supplying the climate or atmosphere such children need. Examples of problems which could have been prevented had adequate records been available were given by group members.

9. SCHOOL DROP OUTS:

The school drop-out rate is quite high among Indian children who are in the special five-year program, e.g., the program for older children who have not attended school previously. However, the drop-out rate is very low among Indian children attending regular high school. More effective communication and contact with the home is needed to remedy this problem.

There should be provided a central resource for guidance services to Indian youth which will bring into focus all of the resources available for the benefit of the child.

10. SPECIAL PROBLEMS:

A discussion of means of coping with special problems included the following: enuresis which in 99% of cases indicates a signal of psychological problems requiring careful study of the environmental forces affecting the child; epilepsy which sometimes creates a problem unless controlled by medication; and mental retardation which cases require adequate evaluation and placement. Only the educable are cared for in the boarding schools. Indian culture is extremely tolerant of their mentally deficient children.

Crushes in boy-boy, girl-girl and boy-girl relationships present a problem in boarding schools. It is necessary to understand the meaning of these relationships to the parties involved. The need for physical contact and a substitute for intimate family relationships may be causes.

The feelings of those who work with these children is crucial. Whose problems are these? Are they the children's or are they being imposed by adults who work with or supervise the children?

Some children cannot be accommodated in the present residential centers, and it may be necessary to establish at least one treatment center for seriously disturbed youngsters.

D. PROPOSALS FOR RESEARCH

A study should be made concerning what is going on at the boarding schools. What happens to these children as they go through school? We need a carefully planned study. Millions of dollars are being utilized for projects of much less consequence. The problem which is clearly visible to us is obviously not visible to others.

The following questions are presented as being important and answerable through research:

1. What is the validity and applicability of psychometric measures when applied to Indians?

2. Even if language is a problem, why do some have more trouble with language than do others? Children who have trouble with English may be those who are not rewarded at home for learning English.

3. What are the indices of and varieties of emotional disturbances that interfere with learning in the various types of schools which the Indians attend?

4. What about the bulk of students--are they facing adjustment problems but show no outward manifestations? Will some eventually pay a price for prolonged hidden tensions? What is the price of conformity? Can society provide them long-range benefits in conformity? The answer to these questions will have to come from the children themselves.

5. What do the children think of school before they attend, and what are the attitudes of the parents concerning school? What are the discrepancies between these expectations and the attitudes of the school authorities?

6. To what degree is separation from family (as in boarding school) related to emotional disturbance?

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7. To what extent are school drop-outs and school attendance related to emotional disturbance and to economic factors?

8. What happens to the self-image of the Indian child in the schools and how does it compare to this image as developed in the tribal situation? How do these self-images compare among the different tribes? To what extent are changes in self-image desirable and undesirable?

9. We should evaluate what we are doing in the various kinds of schools so that the Indian may choose the kind of school he wants to go to.

10. Research is needed on the question of the development of the Indian child who goes to college. Many with apparent potential, flunk out. What puts them at a disadvantage when they go to college? There are some background and performance data already available on these children. However, research should be done on the "make-up" of these children. It is possible that questions involving "make-up" are not researchable questions at this time.

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APPENDIX A.

ESSENTIALS FOR EFFECTING SOCIAL CHANGE

(Summary of a paper* by Dr. Willard W. Beatty
Vice President, Save the Children Federation)

May I summarize here what I believe to be essential to rapid and constructive social change:

1. Successful education of people must be based on acceptance of their desire for respect, status and prestige, and an honest attempt to educate them in such a way that such acceptance becomes general.

2. There is a vast body of experience confirming the belief that changes initiated by the people themselves, in order to satisfy their own recognized needs, are the only changes likely to succeed. Such changes move more rapidly and make the necessary adaptations to the mores as they go along. There may be room for outsiders to help, but the help should be toward the accomplishment of what the people themselves want, not toward the doing of something which the people doubt the value of anyhow. This is to say that projects in community development devised in the national capital or at some remote point by theorists, and then passed down to the local level, are probably ill-suited to basic change, and only delay the transformations which might occur if locally recognized needs were implemented.

3. Through some dynamic experience, the community is ready to accept change.

This may mean that old values have proven to be valueless in a new context; or a substantial portion of a population may have been exposed to new impacts; as the Manus[1] when over-run peacefully by the American Air Force; or the Navajos who served successfully in the Armed Forces, returning with enthusiasm to a reservation that had been greatly disturbed by the refusal of the government to accept many of its men because of illiteracy or bad health; or possibly some of the upheavals that are occurring in Black Africa, such as the newly won independence of Ghana.

4. The need for change is agreed to by a large portion of the population, and wins their cooperation.

Even though adults do not wish to change their own ways, they may agree that their children should participate in drastic changes in their ways of life. In such cases, it is undesirable to try to uproot the old folks, and equally undesirable to attempt to cut them off from the young people who have chosen a new road.

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[1] New Lives for Old, Margaret Mead, Wm. Morrow & Co., 1956.

*See 'Interprofessional Training Goals for Technical Assistance Personnel Abroad,' published by the Council on Social Work Education, Inc., 1959, for the full report of Dr. Beatty's paper.

5. Attempts at change should not be superficial.

It is not enough just to move people bodily. Their minds must be prepared for the change, and there must be assurance of at least moderate success in the new adaptation.

6. A culture system is usually a closed pattern, and it is impossible to change any portion of it without affecting all of it, in some way or another. It is therefore important for those who wish to introduce change to recognize what effect their proposals are likely to have on the culture as a whole. Turning to the Navajo for an example: for many years, the children were used as herdsmen or herdswomen, while adults were busy at other important activities. When schools were first introduced, they had an immediate impact on this important function of sheep care. Many times, during the early days of schools on the reservation, families agreed to spare one child to go to school, and then alternated which child was sent to school so as to spread the benefit of schooling and also see that each child had his experience with the sheep. This did not do much for education, but from the Navajo standpoint made sense.

Since stock reduction has reduced the number of sheep by more than half in twenty years, more children have become available for schooling, and as the importance of education has become more generally recognized, other provision has been made for caring for the sheep. Also, the great increase in Navajo population has reduced the percentage of people dependent on sheepraising for a living.

7. Education is not merely literacy.

Literacy is the technique of reading, and reading is merely a new avenue of communication, which may assist in other basic changes.

The impression given by some enthusiasts that learning to read is of itself a dynamic experience is not borne out by the facts. Learning to read is much more than learning to recognize and sound an alphabet, and put together a few pieces in a jig-saw puzzle of writing. Functional literacy is the ability to read and comprehend material of reasonalbe difficulty. This is acquired over a period of time, and through experience in reading many materials of varying difficulty and many types. There is no sense in learning to read unless there is an ample supply of something to read. To accomplish this, any literacy campaign must be preceded by the publication of many simple readers and accompanied by the publication of periodical literature which continues to present more and more material to read. This cannot be done cheaply. The older British colonial administrators in Africa were satisfied to expose hundreds of natives to a Laubach-type literacy campaign, with the expectation that only one or two percent would demand something more and gradually teach themselves to read. It was felt that met the need because it was believed to be about all that the country could afford to educate anyhow. This approach no longer fulfills the current demand for education by underdeveloped peoples. The world is becoming more complicated, which demands both knowledge and understanding from all the population.

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8. Education must accept the necessity and importance of hand learnings as well as intellectual training, for in the newer countries the important thing is to see that hand skills are well done, and that workers are transferred from primitive handicrafts to the more advanced demands of a technical society. This can only take place as the better educated learn to transmit the new hand skills to the less well-educated. This marks the need for a radical change in the values placed on education in most culture groups, where the upper crust is proud of the fact that it does not do any hand work.

9. Health campaigns, or efforts to introduce new grains or better breeds of livestock, are never successful it they are merely demonstrated.

An attempt through education to transmit understanding of both the objectives and methods being undertaken is essential. Equally important is the recognition by those seeking to introduce change that the unintentional violation of basic taboos can completely defeat the best of efforts.

10. Education in reality is not limited to school learning or literacy.

Education is a procedure of furnishing people the skill, information, and experience to fill their needs. In the beginning such needs are part of the here and now, and only after these needs are satisfied can teaching move on into the more esoteric aspects of education as we know it. For that reason the current American impression that, by strengthening the colleges in developing countries, basic education will ultimately be helped, is largely false. Community development must start at the local level, meet local needs, and gradually move on to wider areas and greater needs. Education, to begin with, must emphasize the skills of democratic problem-solving, not merely the three R's.

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APPENDIX B.

MENTAL HEALTH CONSIDERATIONS IN THE INDIAN BOARDING SCHOOL PROGRAM[1]

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University of Texas
Southwestern Medical School

I have attempted here to gather from my experiences as a consultant for the U.S. Public Health Services and from my experiences as a psychiatrist working with children, some information which I hope will be useful to you in dealing with the children in the Indian borading schools. I became interested in the problem of Indian children in boarding schools when I was acting as as consultant to the Division of Indian Health in the Aberdeen areas office. I should say that I have had no direct experience in treating or examining children from these schools but I have talked with many people who have been intimately associated with the problem. In addition I had the opportunity to help organize the pilot program for psychiatric consultation to the Flandreau Boarding School. It seems to me as a result of my conversations with various people in the field and Washington office of the Division of Indian Helath, and as a result of some of my reading, that very little is definitely known about the emotional problems of the children who attend these boarding schools. We do know, however, that these problems are tremendous and that the facilities for meeting them at the moment are grossly inadequate. Let us first take a look at the extent of the problem with which we are dealing. Fiscal Year 1957 Statistics Concerning Indian Education(1) indicates that there are 21, 665 children in the federally operated Indian boarding schools. There are approximately 3,000 additional children housed in dormitories operated by the Federal Government and attending either federal or publicly operated day schools. This figure of roughtly 25,000 represents 19% of all of the Indian children who are in school. The principal of the Flandreau Boarding School, in a written report, indicated that approximately 50% of the children enrolled in the school were sent there because of social factors--such as, broken homes, neglect, predelinquency, or other problems which made it impossible to maintain these children in their home communities. He states that this is a conservative estimate since many of the children referred to the Flandreau School for vocational and academic reasons also have severe

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1. Talk delivered to the Workshop at Nursing in the School Health Program for the Division of Indian Helath Nurses at Albuquerque, New Mexico, June 19, 1958.

2. Assistant Professor of Psychiatry, University of Texas Southwestern Medical School.

social or emotional problems. It may be quite inaccurate to apply the figure from one school to all of the boarding schools. Nevertheless, others have indicated to me that a similar situation has existed in the schools that they have visited. If it is true that 50% of the children in the boarding schools and those housed in the federal dormitories and attending day schools have emotional problems, we are dealing with 12,500 Indian children who need specialized care. I suspect that this estimate is far too high. I give it only to emphasize that a large problem does exist.

I should state that the children who come from disturbed backgrounds--that is, broken homes or from parents who have neglected them, almost surely have emotional problems. There have been many studies on other groups of children that indicate that this is so. What facilities are available to treat these children? With one exception, to my knowledge, there is not a single specialized mental health facility organized under the auspices of the Federal Government to cope with this problem. The one exception is the small pilot project organized approximately a year and a half ago at the Flandreau Boarding School. In this project a psychiatrist is giving two days per month of consultation time to meet with the teachers and administrative officials of the school and to diagnose and treat a few selected cases. The purpose of this program was to gather information and to demonstrate what psychiatric consultation might be able to do. I understand that presently a psychiatric social worker has been employed full time at the boarding school.

Now there are, of course, some treatment facilities available to these disturbed children. A very small number of those who become psychotic, that is severely mentally ill, can be sent to the state hospital in the various states in which the boarding schools are located. Occasionally there may be a clinic in a nearby town which will do a diagnostic study on some of the children. Nevertheless, these services are so inadequate to cope with the total problem that they are almost negligible. I am aware of the fact that these boarding schools do employ counselors who meet with the children to discuss both their academic program and also some of their social problems. Most of the counselors, however, are not trained to deal with children who have a mental illness of one form or another.

I want to emphasize again, however, that I do not really know that there are 12,500 emotionally disturbed children in the Indian boarding schools. There may be 1,000 or there may be 20,000 who show severe emotional disturbances. The fact that we do not know the number is one of the important aspects of the entire problem. No one has made a study to determine either the number of emotionally disturbed children or the extent of the disturbances that they may demonstrate. It occurs to me that any mental health program which is set up for these children must first do a survey to determine the extent of the problem. There have been studies done on public school children which give us an idea of the percentage of children in an average public school who can be expected to show some sort of mental disorder. I believe this figure is approximately 5 per cent. The population of the Indian boarding schools, however, is

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in no way comparable to the population of the average public school because many of the children are sent to the boarding schools because they do have emotional problems.

I would like, at this point, to discuss some of the problems one might expect to find in the children of the boarding schools. One can expect, of course, any kind of psychiatric problem that children can exhibit. There are a number of frankly psychotic children--that is, children who have childhood schizophrenia or schizophrenia in adolescence. There are quite a number of severely neurotic children. Then there are the anti-social children or those who have what we call personality disorders. Perhaps you will be interested in hearing about some of the problems which were presented to me by the public health service physicians from the reservations in South Dakota. Many of these doctors participated in the school health program at the boarding school and thus became aware of the psychiatric as well as the other health problems. The most frequently presented or at least the most troublesome problems were those of the children who had anti-social tendencies and personality disorders. Apparently in the fall, after the children are brought to boarding school, there are a great number who become upset and lonely and run away. Many of them will return to their former community; whereas, others will simply run away to a neighboring town or to a friend. It is interesting that in the cases I learned about the children who ran away, and these by the way were mostly adolescents, were those who actually came from a very deprived home. By deprived I mean they had no parents who were significantly interested in them. In a sense then, they really had very little to run back to. However, children who have been deprived of adequate parent figures are the ones who can least tolerate frustration. The children from the more secure homes were, I'm sure, also quite lonely, upset, and dejected in the boarding schools when they first arrived. However, these children, because they had been prepared, could tolerate the anxiety and eventually work out a somewhat satisfactory solution for themselves. The children who had never had loving parents were never prepared to tolerate this amount of anxiety. They are the children who must run away from any situation which is threatening.

Another severe problem which was presented was that of the psychotic or the schizophrenic child. Some of the above mentioned group of children can eventually become adjusted to the boarding school. The psychotic child cannot be handled in the boarding schools and needs psychiatric treatment either in a mental hospital or at least regular treatment in his home environment. These are the children who very often end up in the state hospitals which are poorly equipped to take care of them. Most of the hospitals in the states that have large Indian populations do not have specialized facilities for the treatment of psychotic children.

Another apparently troublesome problem is that of sexuality and its various forms and manifestations. Physicians are continually being asked to examine the teenage girls to determine whether or not they have had sexual relationships. After a girl had run away from the boarding school and had been brought back, she was almost immediately taken to the health service for a pelvic examination to determine whether or not she had contracted venereal diseases. Many of the physicians, and to their credit, I believe, rebelled at making these examinations. Some of you may tend to disagree with me on this point but it seems as if this is like locking the barn door after the horse has escaped. Furthermore, such an examination is embarrassing to the girl; but more deeply hidden than this, it really lets her know what the school officials expect from her. Many times, I'm sure, these expectations are fulfilled and they may be fulfilled only because this was the expected thing. The problem of homosexuality, particularly among boys, came up occasionally. But this was not, I gathered, of as serious import, to the physicians at least, as the problem of heterosexuality among teenage girls.

There was another problem which came frequently to our attention and this will be, I am sure, of great interest to you as nurses. Many of the children came to the clinic for examination complaining of rather mild physical problems and upon examination the physician could find nothing physically wrong. This was reported, as I recall, from all of the boarding schools with which these particular physicians dealt. We spent some time discussing this. First of all what might be the cause of these visits, and secondly what might be done about it. I might say that some of the physicians in the beginning were angry, particularly when a large number of these children would drop in for examination on an afternoon. In discussing this problem with this particular group of physicians, social workers, and nurses, the conclusion was that these are somatic symptoms serving as an outlet for the anxiety these children were feeling about being away from home. The children were coming to the clinic for affection. They were coming to be looked after and to be cared for in an effort to relieve their anxieties at not having their parents with them.

I am sure that if the nurse in the clinic is aware of the emotional reasons behind many of these frequent clinic visits she can deal much more effectively with this problem. Take, for example, the child who comes back several times to the clinic for examination or treatment for a complaint for which no organic cause can be found. At the first visit one should suspect that this is an unhappy child. At the second and third visits one can become fairly certain that this is so. The child is really asking for something from the clinic that he or she is not able to get at the school, or he or she has not gotten so far from the clinic. The child is not asking for medication but an understanding, sympathetic, supporting adult.

I would now like to discuss with you in some detail an emotional problem which is present in 100% of the boarding school population. The problem I refer to is the emotion aroused in the child as a result of separation from his parents. Every child who comes to a boarding school must separate for at least a period of several months from his parents. This separation and the feelings thus aroused not only make the child unhappy but the feelings also effect his potential to learn and, as has been documented by certain studies, may very well effect his potential for achieving normal physical growth and development. The damage caused to the child by his separation is directly related to the child's age and the length of time that he is separated from the parents. I am aware that most of the children in the Indian boarding schools are of high school age. As far as I can determine from studying the literature, there is no serious irreversible damage which can occur to the adolescent as a result of separation from his parents. Separation can, however, produce some serious effects on elementary school age children, particularly those children age five to eight. The literature on this subject has been admirably summarized by John Bowlby in a book called Maternal Care and Mental Health(2) written for World Health Organization.

Although it is not pertinent to our subject today, it may interest you to know that an infant who is deprived of maternal care over a significant period of time is always retarded both physically, intellectually, and socially; and, furthermore, that this retardation is irreversible and persists throughout life. All children under the age of seven years seem to be vulnerable to maternal separation, although after the age of five this vulnerability diminished markedly. I would like to state here parenthetically when I speak of vulnerability, I am speaking of serious, irreversible effects upon the child. There is no doubt that all elementary school age children are tremendously unhappy when separated from their parents and show many emotional symptoms which may or may not be irreversible. Much of what is known concerning the effects of separation from the parents on children of the ages five and over has been learned from the study of children who have been hospitalized or from studying children who have been separated from their parents during the war. I realize that this represents a different situation than that of sending a child to a boarding school. Nevertheless, I think that some of the information will be of interest to you and, I am sure, will be applicable at least in some situations. Again I am taking some material from the report by Bowlby(2) which I mentioned before. One of the predominant fears which children have on being hospitalized is that they will never be returned to their home. Many of them are frightened and fear that they have been sent away because they are naughty. They feel that their parents do not like them and are thus trying to get rid of them. Some will plead with their parents to take them back and try to assure their parents that they will, from here on out, be good children.

Quite a number of other symptoms such as sleeplessness and loss of appetite, which indicate severe anxiety on the part of the child, were also noted. It is felt that those children who have the best relationship with their parents can best tolerate separation. We might look at this in this way. A child who has learned to trust his mother and father and has learned to expect good things from people will be unhappy at the loss of his parents but he will continue to expect good things from his teachers and from his dormitory attendants. The child, on the other hand, who has had an unhappy home situation will expect the same wherever he goes. This is his learned response.

Furthermore, the emotional upheaval which results from separation from the parents can cause physical disorder as well as mental disorder. Fried and Mayer(3) in a paper published in the American Journal of Pediatrics, state that the connection between physical growth and mental or emotional adjustment is very widely ignored. They cite evidence to show that retardation in physical growth is determined by the Wetzel Grid is an indication for the need of further inquiry into emotional disturbances. They show a direct correlation between the degree of lag in physical growth and the degree of emotional disturbances. The physical growth failure which authors measured could not be corrected by relying on physical means alone. In many cases the growth failure only cleared as the emotional disturbance was treated. In children in which the emotional disturbances could not be corrected with psychiatric treatment, the physical growth failure continued. The studies by the above two authors were done at Bellefare, a Jewish children's home in Cleveland for disturbed children.

Many of you may say that the results of studies on disturbed children cannot be applied to the children in Indian boarding schools. You will recall, however, that there is data to support the fact that some children are sent, at least to some boarding schools, because of the fact that they are emotionally disturbed. The study by Fried and Mayer(3) is only one of a number of similar studies, all of which lead to the same conclusions.

Prugh(4) investigated the reaction of children age 1 to 12 to hospitalization and attempted experimentally to modify these reactions. He had two groups of patients, an experimental and a control group. The control group was composed of children who were simply hospitalized in the routine fashion and parents were permitted to visit occasionally. The experimental group was that for which a program was specifically devised to prevent traumatic reactions. Parents visited frequently, a nurse was assigned a patient and the patient was given adequate preparation for hospitalization. The fears and anxieties of the experimental group were far less than that of the control group. Interestingly enough he found that the reactions to reality stress, that is the medical and surgical procedures, were only significant if this stress was very great. The primary reactions and fears of these children were to the separation from their parents rather than to the stress to which they were exposed in the hospital.

We might now enumerate some of the symptoms which we might expect to see in the child after separation from the parents and upon entering the boarding schools. As I have indicated before, these symptoms will be more severe in younger children and in those children who have had difficult or unsatisfactory parent-child relationships. Generally one sees, or at least one might expect to see, what we call regression. By regression, I mean that the child reverts back to an earlier level of adjustment. He becomes more childish so to speak; i.e., whines more, cries more, tends to cling more, and tends to be demanding. Or, if he is afraid of displaying this clinging demanding behavior, he may simply withdraw from contacts. There are also many somatic symptoms to be observed. This may take the form of loss of appetite. There may be other types of gastrointestinal disorders or there may be all sorts of pains for which organic explanations cannot be found. I would expect, too, that these children in high state of separation anxiety are more susceptible to disease. This is an observation of my own to which a number of people agree; however, there is no evidence to support it in the literature. One would also see bed-wetting, and stealing perhaps an increase in aggression and more intolerance to frustration. Many of these symptoms were observed in studies of refugee children during and following World War II.

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I have presented to you quite a number of aspects of the problems encountered in the distrubed children in the Indian boarding schools. You are no doubt wondering at this point what, if anything, can be done to cope with the problem. I want to say at the onset if there is any simple solution, I don't have it nor have I heard of it. It is a large and complex problem. First of all I would like to discuss what you, as nurses, might be able to do for the children whom you see in the clinics and also for the staffs with whom you deal in the school. If any of you have had training in psychiatric nursing or in mental health nursing there is much that you can do. If you have not, you can still do a great deal to ease the emotional burdens of these children. It was found in the pilot program at the Flandreau Boarding School that it was beneficial to the staff to sit down and discuss the problems with which they must cope. These emotionally distrubed children are trying and difficult. The personnel in the boarding school are doing an heroic job with very inadequate facilities. It is helpful if the staff can sit down with a consultant trained in one of the mental helath disciplines and discuss what can be done with the individual children's problems. Even untrained people can help in these discussions in this way. There is great need for the staff of the school to simply express their anxieties and the inadequacies they feel in dealing with these children. If they can mutually accept their own anxieties in small group conferences, they are left free to work more effectively, unhampered by these anxieties.

Secondly, the nurse can do much for the individual child who comes to the clinic. Many of these children are anxious, lonely, and filled with feelings which they have dared not express in any but neurotic ways. Many such feelings they express as somatic symptoms. What does a nurse do in situations such as this? Well, first of all she must be a warm, understanding person. She must in some way communicate this warmth and understanding to the child. This communication is not too difficult since most people sense how other people feel about them. Children sense it more acutely than adults. If she is a warm understanding individual, then I think there are two thing whe should do, since she needs to first of all find comfortable chairs for herself and her patient. After this the nurse can listen and reflect. By listen, I mean simply allow the child to talk to her and by reflect, I mean restate the kind of feelings the child seems to be expressing. As an example, if the child begins by talking about his physical symptoms, the nurse can reflect the child's worry about these symptoms. If the child perceives the nurse as an understanding sympathetic person who can really understand what feelings he has within him, he may then go on to talk of other feelings. This is what we call in psychiatry a supportive kind of psychotherapy. I think many times clinic personnel neglect these simple procedures because they are not sufficiently aware of the emotional problems which the patient is presenting and the value of the procedure.

To meet the problem I have been discussing today on a larger scale requires, I think, that a new and imaginative program be instituted. First of all we must have a clear and more definite picture with regard to the extent of the problem. I hope I have emphasized enough today that I really do not know the extent of the problem; what I am giving you in a sense is an educated guess. Secondly, a great number of trained personnel

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is needed. Personnel trained in the treatment of mental illness and trained in public health mental health--that is, the preventing of mental illness and the promotion of mental health. Trained personnel are needed simply for treatment. Trained personnel are also needed for in-service training programs for the staffs of the boarding schools. Many people have emphasized the fact that the character of the boarding school populations has changed radically within the last 10 years. Some of these schools which were originally set up as educational institutions are now literally institutions which are caring for disturbed children. Perhaps we need to consider the possibility of turning these institutions into treatment centers for these disturbed children.

I think, too, that much can be done at the reservation level. One can be sure that only those children, for whom there are no nearby educational facilities, are sent to the boarding school. And those that are sent are given adequate preparation for the separation that they must incur from their parents. I think, furthermore, that we should not neglect all of the aspects of prevention. Severe problems can be prevented if the children and their family relationships are seen early enough to be treated; or if it is not possible to treat the family, to remove the child. Much of the children's anxieties when they come to the boarding schools, I think, can be prevented if the nurses, doctors, and the educational and house staff anticipate the severe anxieties and reactions that these children are likely to have; and set up a procedure whereby these anxieties can be ventilated early in the school year. The children can be given more attention and affection, particularly those children who are coming to school for the first time.

In closing I would like to say that I enjoyed talking with you and I hope that what I have presented to you today will be of some help to you. I will be particularly pleased if I have helped some of you to become more acutely aware of the emotional problems of the children in boarding schools. Your increased awareness will not only serve to help the children but also perhaps to help all of us achieve a better understanding of the extent of this serious problem.

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1. U.S. Department of the Interior, Bureau of Indian Affairs, Branch of Education. Fiscal Year 1957 Statistics Concerning Indian Education. Interior, Haskell Press, 1957.

2. Bowlby, J. Maternal Care and Mental Health. Geneva: World Health Organization, Palais Des Nations, 1952.

3. Fried, R., & Mayer, M. F. Socio-Emotional Factors Accounting for Growth Failure in Children Living in an Institution. J. of Pediatrics, 1948, 33 (4), 44.

4. Prugh, D. G. Investigations dealing with the Reactions of Children and Families to Hospitalization and Illness: Problems and Potentialities. Emotional Problems of Early Childhood. New York: Basic Books, Inc., 1955.

APPENDIX C.

SCHOOL MENTAL HEALTH IN RESIDENTIAL PROGRAMS

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I will address myself to two questions and one observation. Each of these is with reference to the phenomenon of "schooling" and is selected for comment here because of the presumed peculiar relevance of it to schooling that takes place in the context of a residential program. The two questions are put in query form because it appears clear that meaningful answers to them are not available for the general topic to which this conference is addressed. Furthermore, I submit that these questions are those that continually must be held in view by the faculty of any given institution even though clear answers may be available for any other institution.

It should be made clear initially that the term "teacher" is used here in its most generic sense and is meant to be applied not only to those who hold positions with this formal classification. By "teacher" I mean to refer to all those who, by assignment or de facto, have educative responsibilities. In a residential program it is commonly assumed that almost all of the staff have a teaching function. Indeed, if this is not explicit, what goes on in the "classroom" may be disconsonant with what goes on in the dormitories. Or, to put this point another way, a residential school differs from the modal school situation in that there is explicit institutionalization of the total life of the pupil, not merely of his "school" activities. Therefore, it appears that we should have more than passing interest in the degree to which the educative function of the residential school is explicit and coordinated throughout all aspects of the total program.

1. What assumptions do teachers hold about the status of the pupil?

Part of the effective frame-of-reference held by any teacher resides in the assumptions he holds about the status of any given learner--his educability, characteristics, and the dynamics operating. It can be presumed that what a teacher does with reference to any given learner is a substantial function of the way in which he "pre-defines" that learner's capabilities, "problems," interests, etc. The assumptions that comprise this pre-definition of the learner, are therefore extremely consequential, whether valid or not. Ralph Tyler has provided an example in his discussion of the concept of educability:

> From the standpoint of the practical work of the schools, the problem of educability can take one of two forms. The first form can be stated in the following terms: given our present American schools, with the ends which they accept and the means which they provide, what measurable characteristics of persons can be used to predict the extent to which these persons will do successful work in the schools? The second

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form can be stated as follows: what measurable characteristics of persons can be identified that reveal abilities which can be developed into socially or personally valuable behavior if school programs are planned and administered to capitalize these abilities?

It is reasonably safe to predict that each of the following assumptions would be associated with quite different teacher behavior: "Indian pupils have little capacity for algebra"; "Indian children have considerable capacity for algebra"; "this Indian child has little capacity for algebra"; "this Indian child has considerable capacity for algebra." And, again, it is not a particular feat of the imagination to predict a difference in the teaching behavior of two dormitory supervisors, one of whom believes that Apache children are basically antisocial and the other of whom believes that this is not the case.

Robert Merton, the distinguished American sociologist, has offered a formulation that can help to organize this question around its particular educative significance. Merton postulates that if men define social situations as real, these situations become real in their consequences. This phenomenon he calls the "self-fulfilling prophecy" and it can be illustrated in education by many of the "diagnostic" or administrative categories we use to describe pupils. Consider, for instance, a hypothetical teacher who classifies John Jones as a "slow learner." Assume, for the illustration, that John Jones is really not a slow learner; that his below-average school progress is the momentary result of other factors. If, however, our hypothetical teacher is convinced that John Jones is a slow learner, and then treats him as though he indeed were (e.g., puts him in a slow section, or keeps him working on simple tasks, or subtly punishes him for any indications that his "level of aspiration may be too high," etc.), we may find that John Jones a year later is even more "retarded" than he was initially--at which point, our hypothetical teacher, with some satisfaction, may observe that "I knew it all the time." What the teacher has not observed, however, is that John Jones is a slow learner because the teacher predicted he would be! Klein, in the first edition of his Mental Hygiene, made a relevent comment: "teachers have a tendency to classify children into sheep and goats without realizing that if you call a child a goat long enough and often enough, pretty soon you will have a goat on your hands."

The self-fulfilling prophecy has a particular import in residential programs. If an erroneous prophecy about a child is shared not only by the classroom teachers but by those who systematically work with the child in all of his residential activities (which is likely to be the case), such prophecy is almost guaranteed of fulfillment. This is to say that the residential program is a manifestly more effective program, for weal or woe, than the usual public school educative program, in that the former is highly institutionalized and involves some kind of constant communication across all of the adults involved with the probability of some sharing of a common frame-of-reference.

The point of the foregoing discussion is to suggest the importance of the kind of assumptions held by the teacher in a residential program and the consequent necessity of constant inquiry among the staff of the residential school regarding the kinds of assumptions made, the validity of these assumptions, and ways in which they may be changed if inappropriate.

2. What expectations are held regarding ends to be achieved?

The essential question here is what kinds of learner behavior are rewarded and what kinds are punished? or, in the language of the teacher, what educational purposes are held in view by the teacher? This is the criterion question in education and its answer holds a priority place in the program of the school, since the content and organization of the curriculum, the methods for evaluating students progress, and the selection of teachers are partially determined by it.

To what extent are teachers' expectations of what is to be achieved held explicitly? I held explicitly, to what extent are they criticized? Even the most optimistic of educators in America tend to respond negatively to these questions. While teachers can find an answer to the question of what objectives they seek with respect to pupils, the usual case is that these responses are placed at rather high levels of abstraction and, therefore, offer little effective guidance to either the teacher or the observer. Again, therefore, it appears appropriate to suggest that any given school should continually raise this inquiry in order to be assured that the directions it is taking are identifiable and criticizable. Without such explicit inquiry, it is likely that the efforts of the many educators one finds in a residential program will be at best uncoordinated and at worst mutually contradicting. This is not to deny that a teacher may have commendable ends-in-view without making them explicit. However, in the general education case, maximum efficiency of the school is presumably a function of the degree to which these ends-in-view-are shared--a situation that cannot take place unless they are communicated (i.e., made explicit). And, in the context of the residential program, with the total institutionalization of the child's life, the "sharability" is even more crucial.

My limited observations in schools for Indian children have led me to believe that this particular question should be pursued systematically and competently. I seem to sense the possibility of some ethnocentricism in the ends-in-view which I infer in the case of some of the teachers and programs. If this is the case, it suggests that there may be an unnecessary and undesirable restriction placed on the kinds of role definition possible for any given child, the range of permissible ways of responding available to him and the range of possible solutions for which he is rewarded. If this is the case, and only inquiry will answer the question, my assumption is that the restriction is placed implicitly rather than explicitly--that the teachers and administrators involved are not fully aware of the implicit ends-in-view and, indeed, probably would reject them when they are made explicit. Getzels and Jackson, at the University of Chicago, have provided a study which illustrates the point to which I am referring here. They identify children who are very high in "IQ" but not highest in "creativity" and, conversely, children who are highest in

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"creativity" but not highest in "IQ." It is observed that, while both groups do equally well in school, the high IQ group is preferred by the teachers and likes school much better than is the case for the high creativity group. It is unlikely that this selective responding by teachers is a fully conscious discrimination.

Many other studies in American schools have suggested strongly the probability of implicit and uncriticized frames-of-reference in the minds of teachers with regard to the kinds of behavior rewarded (i.e., the directions in which it is expected that behavior will be changed). Consider for instance the large number of studies that consistently have shown that secondary school girls receive higher teacher grades than do boys, even when level of achievement is held constant. Another and different example is found in such studies as that of Gronlund, showing that those children who have the highest status in the eyes of their peers in the classroom also are those whom teachers most prefer to have in class. When you remember that high sociometric status youngsters also tend to be good achievers, you can see that those youngsters who are doing poorly in school achievement are also those who are denied the kind of social rewards, very important in their eyes, which accrue from their peers and from the teacher.

Some recent data gathered and published by Coombs and his associates suggest to me a particular necessity for inquiring into teachers' expectations in the context of the Indian school. Those of you who are familiar with these data will recall that when children in Indian schools are compared with the norms for the standardized tests being used, their achievement rate progressively falls off as they progress through the grades.

Why is this the case? While the reasons are not yet clear and although they undoubtedly will be multiple in nature, an interesting hypothesis suggests itself--an hypothesis consistent with these data and relevant to the question of the nature of teachers' expectations about ends to be achieved. If the teachers' educational purposes are those shared by school systems for which the standardized tests were constructed in the first place (i.e., the modal white population), and if the Indian pupils involved continue to experience some measure of native-oriented enculturative pressures in their non-school hours, it may be that the negatively accelerated age-progress curve shown in the diagram reflects a school curriculum that becomes progressively dysfunctional in the perceptions of the Indian child as he goes through the various stages of the curriculum in the school. This is to say, that the expectations of teachers regarding what are appropriate school objectives may be decreasingly shared by Indian children as they progress from grade level to grade level. If this is the case and if only that behavior that is relevent to these purposes is rewarded, the kind of curve we are referring to is almost inevitable. What this amounts to is something that approaches a "requirement of failure" for many Indian children in school; this requirement of failure is rendered even more effective in residential situations where ethnocentric expectations of all the responsible adults results in the rewarding of only the kind of behavior which leads to success in the classroom.

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3. Non-intellectual factors in school learning.

Since the particular topic of this conference is the emotional problems of Indian pupils, it is appropriate to make an observation regarding the non-intellectual components of school success. There is a tendency for many teachers to view the task of learning basic skills as comprising largely intellectual factors, except in the case of highly visible and marked social-emotional difficulties. Such teachers, on occasion, invoke the authority of "science" to bolster this general position, noting that measures of intellectual "aptitude" predict to a high degree the rate of learning in the basic skills and the more academic areas of the curriculum. However, those who approach a correlation coefficient with neither reverence nor trauma know that this "high correlation" does not support the position. Coefficients of correlation expressing the relation between measures of intellectual capacity and measures of achievement are generally of the order of .50, if we except the areas of mechanical skills and art or music. As many of you know, one way of interpreting a correlation coefficient is in terms of the proportion of the variability in one of the measures that may be accounted for the variability in the other. This is done by squaring the correlation coefficient. Thus, if we square .50 and interpret the result as a percentage, we legitimately can say that approximately only 25 percent of variation in achievement is accounted for by variation in measures of intellectual capacity. Or, to make our particular point, approximately 75 percent of the variation in achievement is not explained by variation in the measures of intellectual capacity--it must be accounted by other factors, and presumably many of these factors fall in the affective domain. Hence, such psychological dimensions as motivation, self-concept, level of aspiration, "emotional blocking," perception, etc., are of very great importance in interpreting school learning. The foregoing generalization rests on reasonably adequate grounds, there being a great deal of research related to this point.

Studies of "effective teachers" generally point in the same direction. The educators in this group are probably well familiar with the study conducted by Anderson and Brewer. These investigators examined the effects of two general forms of teacher behavior: dominative (rigid, blaming, demanding, rejecting, intolerant of error, etc.); integrative (flexible, permissive, recognition of differences, empathy, etc.). They found, as you might suspect, that teachers who might be described as generally integrative in their classroom behavior were associated with pupils who showed greater progress, self-esteem, security, cooperation, and positive perceptions of the teacher and the school. In the case of the "dominative" teachers, the converse was the case. Studies such as the foregoing are consistent with studies of the perceptions of pupils regarding what is effective teaching. Several such inquiries have been undertaken at Stanford, using Flanagan's Critical Incident Technique. When the perceptions of pupils at both elementary and secondary school levels are analyzed, it is found that the most critical criteria of "good teaching" in the eyes of these pupils are the degree to which the teacher is "integrative," the degree to which he is consistent in his responses, and the degree to which he exhibits emotional control.

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I noted earlier that this general observation regarding non-intellectual factors in learning is introduced here because it is particularly relevant to the residential school setting. I am sure that this point need not be labored before a group of people who have had extensive experience in residential programs. It does seem, however, that insufficient attention has been given to the kind of social climate, individual counseling, and persons available to children in residential programs in all aspects of their residential life. If this is not done, it is unreasonable to expect that there will be substantial improvement in the kinds of learning behavior manifested in the classroom.

CONCLUSION

If the two questions and the observation offered in the foregoing have any validity and relevance, there are a large number of different implications for the operations of a school in a residential program. I would like to offer, in closing, one consequence that is of particular interest to me at the moment. If you take the position that the kinds of teacher understandings and behavior called for can be learned efficiently by present teachers who do not now behave in these ways, an intensive and continuing in-service education program for personnel is called for. And, if such a program is to be undertaken, considerably more assistance from mental hygiene specialists must be made available. I am impressed with the fact that the teachers and administrators in Indian schools have less of this specialization available to them than is the case in public schools generally. If, on the other hand, one takes the position that the perceptions, orientations, and skills called for are not easily learned by mature teachers, a closer look should be taken at the procedures used in selecting teachers initially. My understanding is that the pool of candidates available for replacing teachers in Indian schools and the kinds of procedures specified in searching for and selecting teachers work against the best interests of the program. I take the liberty of making this point since it is my understanding that it is widely shared by the administrative and supervisory staff in Indian schools. I have certain knowledge that the problem has high priority in the mind of the Director of Schools for the United Pueblos Agency.

APPENDIX D.

THE STRUCTURE AND DYNAMICS OF THE TREATMENT INSTITUTION

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I. Introduction.

Just as the outsider soon discovers it is nearly impossible to generalize about "the Indian Culture," so the term, Children's Institution, encompases a broad variety of treatment situations. Some sense of this variety, how it has come into being, and the reasons for the diversity found in more heavily populated areas may be gained from a rapid review of the historical background.

Like all human enterprises, the treatment institution for children has a long history of which much can be know; and an uncertain future, about which we can only make educated guesses. In a general way, the history of children's institutions shows a gradual--a very gradual--evolution. This is the progression from the undifferentiated repository for all those who were in need to the modern highly articulated organization of specialized treatment seetings. The change that has taken place is obviously in line with the principle we have learned to expect in any evolutionary process, that is, movement from an inchoate undifferentiated whole to a more highly organized interdependence among specialized parts.

In the earliest years of Christianity, for example, institutions were maintained by various religious orders. They served simultaneously as placed of refuge for the sick, the friendless, the unwanted child--and the stranger, all mixed in together. The same pattern was rather prevalent in England, even up to the time of Henry VIII. As some of you may know, when Henry confiscated the lands of the Church, parcelling them out to his favorites, with a keen eye to his own avarice, the institutions under Church auspices declined. They were forced out, as one might imagine, because of the loss of the financial support formerly made available out of those great land-holdings which would be the equivalent of modern endowment funds.

Many have heard of the Elizabethan Poor Law, a codification of policies and legal arrangements governing relief which was brought to this country by the colonists from England and which still forms the Common Law precedent for much of present-day welfare legislation. The Poor Law provided for a community's taking responsibility for the care and education of the dependent and/or neglected child; it also provided for a system of what was known in England as "outdoor relief." Under outdoor relief, it was still possible to give funds ot a family who fell into need, thus permitting them to remain as a single unit in their own homes.

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However, in the 18th Century, an English merchant, one Thomas Firmin, devised the plan which became known as the Workhouse. Firmin was an intelligent and dedicated man with a rather simple idea. If the poor were languishing, without hope and without trades by which they might improve their lot, why not bring them into centralized living arrangements in which they could work for their keep and learn patterns of sobriety and industry? Unfortunately, as Daniel Defoe pointed out at the time, he overlooked the fact that if the poor could not sell their services on the open market of the community, the products of the Workhouse could not be sold either, unless they undercut the going market in some other community, thereby simply transferring the problem of poverty, and lowering the living standard of all concerned.

Firmin's experiment has always seemed an outstanding example of a process we see repeated again and again in the evolution of ways of helping children. What was started with the best of humane intentions by a good-hearted and even hard-headed leading citizen could, within a single generation, deteriorate into an instrument of oppression, neglect and cruelty in the indifferent hands of his successors. Firmin's Workhouse, on which he spent his energies and his fortune, degenerated into the Workhouse whose inhumanity Dickens has described in revolting detail. And why did it degenerate? It did so because, in another time, and under other conditions, people took the same social instrument and gave it quite another purpose. Someone undoubtedly a bright young man of his own era, got the notion that the Workhouse could be used as an automatic "means test." That is, if only indoor relief were available, and the situation unpleasant enough, it would be unnecessary to do a lot of investigation to determine whether financial need existed. Rather, one could assume that any person who would submit himself to so unpleasant a regimen must, indeed, have no alternative by which to keep body and soul together...if, under the circumstances, that were really worthwhile. Into the Workhouse, or its equivalent, were indiscriminately tossed the ill, the aged, the crippled, the degenerate, the mentally ill, the impoverished -- and dependent children, by reason of illegitimacy or the poverty of their parents.

A somewhat related pattern is also to be seen in the fate of our whole system of mental hospitals. In this case, however, the principle is somewhat different. Here, we find that a social instrument which constituted an actual advance and real progress in the days in which it was created may, under changed conditions of society, outlive its optimal usefulness. In our country, the creation of the state hospital system owes much to the efforts of that great New England spinster, Dorothea Dix. Miss Dix set out to implore, pressure and goad state legislatures to assume this responsibility because of the dreadful conditions in the care of the insane which she had observed in her own travels. She tells, for example, the story of one man confined in a pit six feet deep in a shed behind the home of his sister. At the time, there was a popular superstition that, since occasional schizophrenics would put their hands into a flame, and others might run cheerfully out into the cold quite naked, insane persons were impervious to heat or cold. So absorbed were they with this preconception that they failed to attend to the obvious datum, as Dix describes it, that this man's fingers had all rotted away from frostbite, and his feet were mere stumps. With such case examples as these, and relying on the time-honored readiness of the citizenry to support more services at a higher level of government than they will at the local level, the state hospital became the institution of choice.

Dorothea Dix could not have predicted the eventual fate of her beloved institution. How could one have foreseen that eventually the planning of the care of the mentally ill would be determined more by the engineering department than it was by psychiatrists? For, as many must have observed, the principle is very simple, If you already have a steam plant of enormous capacity, it appears more efficient to build still another ward on the same grouds than to develop a whole new hospital, closer to the patients' homes. And so we arrived at the stage in which hospitals contain 3,000, 4,000 and even more patients. Because of their sheer size, they are administrative jungles, in which patients can readily become lost, and are in any case too large, too impersonal, and too inflexible to encourage any kind of effective or even humane care of those in them. Within a hundred years after Miss Dix's great work, we find Dr. Harry Solomon of Harvard, in his Presidential Address to the American Psychiatric Association, asking frank recognition that the state hospital is a medical failure and advocating its abolition. It was the task of Miss Dix's generation to rescue the insane from the evils of the local jail and deliver them into the state hospital; it is the task of ours to rescue them from the accumulated evils of what the state hospital has come to mean. Old solutions do not last.

Although man's humanity to man is certainly not his most outstanding quality, children have typically had a privileged regard in the provision of social services. It is of interest, therefore, to turn next to the history of child-caring in our country. A very prevalent pattern during colonial times lasting up until the mid-19th century was the use of indenture for children who had fallen into want. This was a system whereby a young boy, for example, would be assigned to live with a man on the understanding that he was to be taught a trade, was to have his education looked to, and the master would also attend to his moral upbringing. The typical indenture agreement was, of course, a legal document, signed both by the master and the boy's parent, or whoever stood in loco parentis. In principle, this was a wonderful solution for the problem of simple dependency in a wild and sparsely settled country. But, as it turned out, this system, too, fell into abuses. Far from carrying its traditional responsibility for the care of such children, in some New England towns the situation became a kind of auction. The person who agreed to assume care of the child for the lowest subsidy from the town was "low bidder," and was given the child to rear. Under such circumstances, the economic deck was stacked in favor of the sort of person who would take a child not to rear, but to exploit for his selfish purposes.

In a later era, we had a worthy citizen of New York literally recruiting the children of the poor from the city streets, and shipping them by the trainload to Mid-Western and New England towns, in a system whereby the train made successive stops, and townspeople picked out those children they wanted to keep, sending the remainder onward. This gentleman gained a fair renown in his own eyes and those of many well-meaning but unsophisticated persons of the time, although there is little doubt that should he reappear we would do our utmost to run him out of business. Even many of us who are not without sin would be overjoyed to cast the first rocks.

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With such a background, it is no wonder that the kind of institution which was later labeled the Orphan's Asylum should have seemed a welcome alternative. Indeed it was. These large and forbidding congregate institutions, with their well-disciplined and frequently uniformed youngsters carefully lined up on the lawn to receive the visiting board member, constitute the haunting recollection of the fate of that experiment. One such institution, founded for the care of orphans of Civil War veterans, survived to play an important role in research into intelligence. For, it was in this institution that it was possible to show that, when a child is given an emotionally impoverished and intellectually unstimulating environment, the IQ is not a constant. One child's achievement showed a drop of nearly forty points, the difference in his case between normality and the so-called moron-level of functioning.

But whatever its defects (and not all were such bad places) the congregate institution for dependent and neglected children is the progenitor of the modern treatment institution. There was, however, nearly a break in the direct line of descent. A little over two decades ago, the mood was strong in advanced circles of social work practice to abolish the children's institution entirely. Any child needs a family, and failing his own, a foster family might be regarded as the best alternative. There was nothing wrong with this theory, by the way. All our evidence continues to show that the natural family is unquestionably the most effective and efficient means of meeting the psychological needs of most children. Certainly, when we try to replace the family by artificial substitutes, as by the use of a professional child-care staff, the cost in dollars is quite remarkable.

A couple of things contributed to this mood in social work. One important one was the coming of the great federal program of Aid to Dependent Children, whereby families, or fragments of families, might remain together even in the event of the death or disability of the breadwinner. Another was the general rise in standard of living in the culture: fewer persons were to be found in as extreme need. Finally, as noted, there was the great push to use a foster family when the own home collapsed.

And so it became a mark of distinction among skilled and dedicated social workers to take over an institution and bring about its demise, shifting the use of its funds to foster-care program. So intent were we on this great work that there was a tendency at times to overlook a rather striking phenomenon. Some children literally chewed up foster parents. You could take a stable, loving woman and a good-natured husband who liked children, place one of these children with her, "supervise the placement," as it was said (meaning, hold her hand and your head), and still Johnny wet the bed, hit the baby, truanted from school, and tried to burn the house down. This proved, of course, that you had misdiagnosed the Smith's -- they were not meant for Johnny. So you moved him to the Brown's, who had done well with two other little boys, only to ruin that foster home, too. And on it went. Gradually, it became apparent that, although the institution for children had many, many drawbacks, it seemed to be the only kind of place that could contain Johnny. In fact, having given ulcers to four foster families in a row -- each of them profiting mightily to the extent of up to forty dollars a month -- you had no other choice.

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And so the children's institution was saved. But, because of the factors at work in the larger society, saved for what? Most of them were run by personnel who were adept, or at least experienced, in the handling of relatively normal "dependent and neglected" children. Whether or not it was planned, however, they now found themselves subtly being drawn into another kind of work. For the child population was more and more drawn from families in special situations; and the prevalence of disturbance among the children increased concomitantly. In a way that only slowly became clear, institutions for the care of essentially normal, dependent youngsters found themselves in the treatment business.

They were not always quick to reckon with this fact. I still recall an institution near Detroit modeled after the famous George Junior Republic. The idea in the George Junior Republic was to give youngsters a direct life experience of running their own small society after the image of the large democratic, capitalistic society in which we all live. Life was to be governed by elective officials. "Money" could be earned, in order to pay expenses and buy comforts. Now, this is a difficult kind of society to maintain, under any conditions. For example, in the first year of the first Republic certain shrewd and parsimonious inverstors cornered a large proportion of all the available skript, keeping the other youngsters in their debt by high rates of interest, to the distress of the whole educational design. The Detroit institution had found some way to handle the problem of monopoloy capitalism, but it had not reckoned with a change in clientele. Given a large proportion of youngsters referred by juvenile court judges as one step short of being locked up, some weird and wonderful things happened in the system for administering justice. Nowhere in the original design of Junior Republics had it been planned that the toughest delinquent in the place would maneuver his way into the position of Sheriff, nor that a band of his cohorts would be Judge and jury -- with the pained adult staff having to ride as Vigilantes, protecting the weak and the innocent. Even after it had happened, it was hard to explain to a businessman board that the societal system which had done so well by them might not, in miniature, provide the best treatment arena for quite large boys with underdeveloped control systems. Of course, many of these businessmen were simultaneously subscribers to another favorite theory, which Bill Morse has formulated as follows: Delinquency is soluble in water. That is, if you have a lot of delinquency in your neighborhood, build the boys a swimming pool.

The next phase in many of these institutions was -- and is -- a very fascinating one to observe. Since so many of their children were manifestly suffering from emotional illnesses, the brighter lights among institutional administrators took the obvious step of bringing in psychiatric consultation and service, as one would with any other medical condition. At a minimum, this sometimes had the effect of relieving the staff's guilt and frustration at being unable to help certain youngsters whose handling was really far beyond their knowledge and skills -- not to mention the limited time available. Beyond this stage, however, a variety of patterns has emerged in the more populous parts of the country, which I can only mention briefly as illustrations of the large-scale tendency toward specialization of institutional functions.

One style is the institution which is actually a supercharged version of the standard dependency institution, but with a kind of psychiatric clinic added on. Here, there has often been a good deal of ambivalence about the role the clinical team might best play. On the one hand, some kind of deliberate treatment design is needed if the emotionally disturbed child is to get maximal help. But at the same time, the attempt by social caseworkers or psychiatrists to "take over control of the place" has typically been firmly resisted by those who kept the institution alive, often during hard and impoverished years. A solution to this very human engagement, then, has been to add a clinic, but treat it as if it were somehow an arm of a completely different agency. The actual naivete of many young child psychiatrists about how complex a problem it is merely to keep an institution functioning reasonably smoothly, without turning the place over to the needs of some one child, has not increased the acceptability of their "medical authority," as one can imagine. Many institutions which have already a long history and stable core of ongoing personnel must inevitably go through this period of painful readjustment in the process of absorbing the new specialists and their more complicated patterns of handling children which follow upon the change of role to a treatment operation.

In Bellefaire, the institution in which I have been working in Cleveland, our overall mission is simply treatment. This institution continues to be administered under non-medical auspices; that is, by professional social workers, rather than a psychiatrist. We are unable to take the sickest kinds of children, since ours is wholly an open institution organized on the "cottage plan." It may be of interest to note, nevertheless, that the number on the staff nearly equals the 90 children under care, and that even with extremely close attentiveness to economy, the cost per child is of the order of $8,000 per year. In some of the others that now exist, that is, small places with several child analysts available, costs may run considerably higher. These figures convey some sense of what it costs to provide a family by transfusion.

An unsolved problem, still, in the North and East is what to do about the psychotic child. Many are sent to state hospitals. In few states does this mean, unfortunately, that they will get the intensive treatment from highly skilled personnel which they require; nevertheless, we send them because they need to be in a controlled environment for their own protection and that of others. It is dreadful when, for lack of funds, one must assign a schizophrenic child to the scrapheap in early adolescence without even being able to offer him the treatment which has at least a chance of succeeding in his case. But institutions of the sort in which I work would have to refuse such a child admittance simply on the basis that he would not even be safe unless one were able, literally, "to lock the door."

Overall, therefore, it is obvious that the development of treatment settings for disturbed children has gone through a long evolution. The net result of this process at the present time is the clear recognition of the need for a whole spectrum of specialized facilities, each organized to accomplish a particular therapeutic job. It would seem inevitable that if there are intelligent and dedicated people in the Indian Service willing to recognize need when they see it, some such evolution would also have to take place in order to provide the necessary gamut of services for your children, too.

II. The Institution's Ideology.

My assignment was to discuss the structure and dynamics of the treatment institution. For reasons that must already have become clear, it is not possible to describe the structure, as if some one pattern were most to be desired and correct for all settings under all conditions. Instead, one does better to pick out certain issues of structure with which each institution will have to deal, and to talk a bit about what is known around each of these concepts. One of the most significant aspects of the structure of an institution can be called its "ideology of treatment."

What do we mean by the term? We mean the set of values which define the objectives the institution wishes to attain, and predominant beliefs held about how to bring about the desired changes in the clientele served. If that were really possible, for example, one would prefer to be discussing the "theory" of treatment. But the actual situation today is that no psychiatrist, no psychologist, no social worker can sit down with a case before him and prescribe exactly which steps taken by which personnel will bring about cure on the basis of tested knowledge. Instead, we have a good bit of knowledge, and a good many gaps. We fill in the latter with hunches, beliefs and just plain preferences about how best to do the job. The conglomerate of solid knowledge with values and beliefs can most accurately be termed an "ideology."

In psychotherapeutic activity we seem to need an ideology. We need one in part because it is extremely difficult for a person to get himself up in the morning and go energetically to work without at least some sense that what he is doing fits into a pattern of directed activity. Indeed, there is some reason to believe that an ideology of treatment which is even not quite accurate but which engenders enthusiasm in its supporters may be "therapeutic" just on the basis of its ability to motivate an input of energy into attempts to cure.

A treatment institution needs an overall ideology even more than does the individual therapist. Here we must motivate large groups of people to coordinate their work in an intricate fashion. Unless this coordination is to be motivated entirely by incentives extrinsic to the actual work, and the coordination maintained by the naked use of social power only, some sort of mutually agreed-upon ideology must exist. Another of its functions, therefore, is to depersonalize the situation, as well, providing all concerned with some sense that they are working in terms of a scheme of things at least somewhat independent of their personal predilections or, what is even worse, those of someone else. It may be stated empirically that those institutions operate most smoothly that do have an agreed-upon ideology.

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The ideology of an institution is set, in the last analysis, by the top administrator and/or the power clique which controls the place. It is for this reason that we are apt to ascribe such and such a change, and even a total institutional atmosphere, to the days when Mr. X was Superintendent. Most dedicated administrators and sub-administrators do impose their mark on the operation; indeed, many of us are quite conscious of meaning to do just that. We impose it by rewarding certain approaches and discouraging others; we impose it also by the selections we make among potential staff members.

Especially in finely turned small institutions, the unconscious needs of the most powerful personnel may be clearly visible in the style which the treatment process assumes. I still recall vividly an occasion about five years ago when I spent a difficult hour listening to a speech by a famous practitioner of in-hospital treatment. In lively fashion, he described their program of work; what escaped me completely was the explanation given for why they operated as they did. As we left the meeting, I came upon an older and wise analyst of my acquaintance, confessed my utter confusion, and asked what he had been able to take in out of the hour's discussion. He grinned at me and said,"If he really understood why he does what he does, he couldn't do it any more." One learns, in other words, that ideologies of treatment are also so contrived as to meet the unconscious needs of those responsible for the treatment, just as we all require some psychological gain from our individual work with patients. One learns, also, that if an institution is otherwise operating effectively, it may be as well to let things alone, lest by interpretation you interfere with what is actually a socially useful group sublimation and defense. Of course, the best treatment does not derive solely from the unconscious needs of the practitioner, but a realistic view accepts that in subtle areas like this, one partly exploits such needs to make his living.

A major problem in any ideology is the level of the therapeutic ambition of the place. This issue has been described in a number of different ways, but it basically comes down to this: Do you see yourself as potentially curing, or at least improving, these patients? Or, do you see your role primarily as "containing them"? State hospitals for quite a few decades, now, have been themselves largely as instruments for simple containment.

If the latter philosophy dominates the scene, it is likely to have an effect on the way the institution is administered. For example, when one believes that all he can do is to hold the line with his clientele, the natural way in which to organize the institution administratively is in the form of a simple power hierarchy within the staff. In other words, one sets up a pattern identical with that found in the Army, the medical hospital, the University, the railroad, and other well-known bureaucracies of our culture. It is characteristic of this style of organization that the authority and assumed expertness diminish as one approaches the bottom of the pyramid. It is also true, unfortunately, that in the treatment situation it is precisely the persons on the lowest rungs of the ladder who have the greatest contact and, potentially, influence with the patients in one's care. But so long as one sees himself as primarily in the business of controlling a potentially unruly mass of unchanging human material, these clear lines may seem the most appropriate way to go about managing it.

An interesting by-product of this kind of situation is reported in one of the earlier studies of the social processes in the hospital, conducted by Warren Dunham. As a reaction to their low status, and the difficulties of their position, it became visible that the attendant group regard itself, informally, as a cadre with the main task of keeping the patients in subjection.

The greatest advantage of the bureaucratic structure in administration is its usefulness in smooth coordination of a very large operation, and the depersonalization it encourages in relation with fellow staff members. If you can't love each other, you can at least stay out of each other's hair. Unfortunately, this depersonalization may be quite inappropriate in a type of treatment which rests so heavily on inter-human influence; nor should it be taken for granted that the least amount of staff tension is representative of the best kind of treatment situation.

Some jostling and discombobulation of ongoing arrangements is very characteristic of places in which active treatment is being attempted. If it becomes important that the child be permitted to spread his wings, and try things for himself, one also undertakes the risk that he will get into difficulties. If he does get into trouble -- for example, by doing something that is annoying to another staff member -- then there is at least the possibility that he can be helped to get some insight into why he had to do this, and how he might avoid similar squabbles in the future. If you keep the lid on, however, the chances are that he will learn how to handle himself within your rigid structure; he may or may not learn much about how to carry over the necessary judgments to life outside the institution, where adults are not available to tell him how to act. The dubious record of recidivism achieved by the majority of our so-called boys' vocational schools attests to the problem I have described. Hence, in place of the aim for "minimal tension" among staff persons which was formerly the ambition of young social scientists sent to study staff relations in the treatment institution, we would now substitute a notion of "optimal tension." Wherever dedicated personnel are hard at work and identified with individual children in a way likely to lead to therapy, friction and some stress among conflicting interests seems to be an inevitable concomitant.

Characteristic of this, too, is an air of clutter, and a certain amount of destruction of physical plant. One of my fondest memories is of the institutional administrator who, after showing me a typical cottage in a treatment setup, apologized because the place looked so impeccably neat. This was Inspection morning, he explained, "Our children really are permitted to live here the rest of the time."

If ideologies are so important in defining the goals and techniques and total climates of institutions if we recognize also that they evolve quite as much as they are able to be implanted by conscious and rational intent, and if, finally, it is also clear that institutions with varying ideologies may be adapted to be helpful to quite different kinds of children, then we begin to see in greater depth why the specialization among institutions has taken place.

III. Some Other Dimensions.

There are a number of other aspects of the children's institution as a social field which warrant discussion did time and space permit. A major one has to do with the influence of the peer-group on the process of treatment. It has been shown, recently, in a number of institutions for delinquent youngsters that a culture and power structure may well develop among the children which is antagonistic both to the values represented by the staff, and to the whole idea of therapeutic change as well. One might even be led to posit a general tendency for group formations to occur most naturally as an expression of resistance to treatment. Some current research of our own, however, indicates that this generalization does not hold. In a place like Bellefaire, where few of the children could really be classified as representing delinquent character structure, when strong peer-group formations were found to exist, they appear to be in support of the institution's ideology of treatment. To what extent group resistance in delinquency institutions is a product of the nature of their clientele, and to what extent it reflects a surrender by adult staff to the group power of adroit delinquent leaders, remains a moot point. But one thing is certain: a power structure among the children is likely to exist, to be widely recognized among them, and by the staff, and to influence group behavior -- if not treatment itself -- in important ways.

Another kind of issue has to do with the effects on the children of living in a situation in which they are asked to respond to adults in a variety of interdependent roles. The question is asked whether the children can distinguish the part each of these different people is supposed to play in the total orchestration of treatment. Again, some of our recent findings strongly suggest that they can, and that roles can be fitted together so that, at least in principle, treatment by multiple parental images is quite feasible. Yet, some very difficult puzzles remain. Some children actually need to relate to one and the same person for all purposes, life-care and therapy alike; others do better if the person doing the individual treatment is relatively divorced from real-life involvements with them. At the present time, you see, we are still arguing about what the "correct" pattern should be, although it is already clear that this will vary with the needs of the child. It does seem safe to say that primitive notions like "role-clarification" are the least of our worries as against the half-understood subtleties of encouraging the emergence of a transference under controlled conditions, and freeing the staff person to maneuver within it with necessary delicacy and flexibility. We know, for instance, that where the staff member has as part of his role a clear delineation that his only responsibility is clinical, and does not carry authority or responsibility in the child's "real life," the children are likely to be freer to talk to him about attitudes they will not share with others. But it remains to be proven whether this relative accessibility on the verbal level is itself a criterion to apply in assigning roles among the staff, and for which children it might be better to concentrate the treatment and authority functions in the same staff member. These, then are some of the important nuances of treatment process, about which we have started to learn more -- but in respect to which there is much that is not yet understood.

IV. CONCLUSION.

In ending this necessarily fragmentary discussion of children's treatment institutions, what conclusions might one draw for areas of the country which are still on the threshold of the evolution I have implied? Is it inevitable that they go through the same trial-and-error learning which has characterized the development in more heavily populated places? One would hope that this would not be necessary. Can they, on the other hand, simply take over what appear to be the net solutions arrived at elsewhere? This, too, seems unlikely, since to do so would neglect the basic insight that the effective institution is most likely to be the one which is well-adapted to its own time, place and clientele, as well as the peculiar needs and talents of the personnel it is able to gather into its staff.

A few generalizations can, however, be made: that, if one begins to individualize children in terms of the services they really need, a spectrum of relatively independent specialized places is likely to be sought, rather than reliance on some all-purpose entity; that sicker children hold less promise of exciting returns on one's investment, and yet will cost far more to serve than do relatively normal ones because of the amount of highly qualified staff required; that, as a general principle, smaller institutions are in better position administratively and as social situations to operate with the flexibility needed in highly individualized treatment; and, finally, that any sincere and energetic treatment staff can afford itself rather high morale in this day and age because, while many people may be better equipped than are they, nobody knows all the answers.

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